

WI  
G475i  
1883



NLM 00138219 5

SURGEON GENERAL'S OFFICE  
LIBRARY.

ANNEX

Section, -----

No. 171844.

3-1639



125  
650

27





# INDIGESTION





# INDIGESTION

WHAT IT IS ; WHAT IT LEADS TO ;

AND

A NEW METHOD OF TREATING IT

BY

JOHN BEADNELL GILL, M.D.

*Member Royal College Physicians, Edinburgh.*

FORMERLY SURGEON DOVER HOSPITAL ; LATELY PHYSICIAN FOLKESTONE DISPENSARY AND INFIRMARY ; MEDICAL OFFICER OF HEALTH FOR SANDGATE.

AUTHOR OF AN "EPITOME OF BOTANY," "THE RUSSIAN BATH IN ACUTE AND CHRONIC DISEASE," "A NEW METHOD OF TREATING RHEUMATISM AND GOUT," ETC. ETC. ETC.

LIBRARY  
SURGEON GENERAL'S OFFICE

THIRD EDITION, 1890

171844

PHILADELPHIA

P. BLAKISTON, SON & CO.

1012, WALNUT STREET

—  
1883.



## PREFACE TO THE THIRD EDITION.



I MAKE no apology for placing the third edition of “Indigestion” before the public, as I trust that such a course is unnecessary.

I invite the reader to bear in mind that *true feeding* consists in taking *the exact amount* of nourishment that can be *assimilated*, without the generation of the poisonous products of indigestion.

I ask him furthermore, to endeavour to carry out the instructions that I put forth, to the very letter—*e.g.*, when I order *lemon-juice* as a beverage, I mean *lemon-juice*—not water poured on to lemon-peel. Again, when I direct a sufferer to sponge from head to foot, I mean *from head to foot*, not *from foot to head*.

The few who attain to extreme longevity are, commonly, those who possess faultless digestive organs. Canon Beadon, who in July, 1879, died at the age of 102, was a member of the small but happy band just mentioned. Beadonism is, however, by no means a Utopian vision to him who will obey natural laws.

Occasionally the physician is told a tale something like the following :—

“ When I was a young man I could eat a horse ; now, thanks to past indulgence, I have a crib-biter installed in my inside. ’Tis unendurable ! A stable, not a stomach, is the appropriate receptacle for a vicious quadruped.”

I commend this pithy oration to the notice of those individuals who love indulgence in good cheer.

J. B. G.

## CONTENTS.



| CHAP.                                                          | PAGE |
|----------------------------------------------------------------|------|
| I. ON INDIGESTION . . . . .                                    | 1    |
| II. WHAT IS DIGESTION ? . . . . .                              | 6    |
| III. THE CAUSES OF INDIGESTION . . . . .                       | 14   |
| IV. THE SYMPTOMS OF INDIGESTION . . . . .                      | 18   |
| V. ON ACUTE INDIGESTION . . . . .                              | 21   |
| VI. ON CHRONIC INDIGESTION . . . . .                           | 29   |
| VII. ON HYPOCHONDRIASIS . . . . .                              | 47   |
| VIII. ON INFANTILE INDIGESTION. . . . .                        | 49   |
| IX. ON INDIGESTION OF YOUTH. . . . .                           | 63   |
| X. HEADS OF TREATMENT OF INDIGESTION IN THE<br>ADULT . . . . . | 65   |
| XI. ON DIET . . . . .                                          | 67   |
| XII. ON BATHING—ON THE RUSSIAN VAPOR-BATH . . . . .            | 84   |
| XIII. ON MENTAL OCCUPATION . . . . .                           | 98   |
| XIV. ON HYGIENE . . . . .                                      | 100  |
| XV. ON DRUGS . . . . .                                         | 107  |
| XVI. ON GALVANISM . . . . .                                    | 119  |

| CHAP.  |                                                                                | PAGE |
|--------|--------------------------------------------------------------------------------|------|
| xvii.  | ON THE INHALATION OF OXYGEN GAS . . .                                          | 122  |
| xviii. | ON SURGICAL INTERFERENCE . . .                                                 | 124  |
| xix.   | ON CHANGE OF AIR AND SCENE . . .                                               | 126  |
| xx.    | ON CLOTHING . . . . .                                                          | 128  |
| xxi.   | ON MIXING WITH SOCIETY . . . . .                                               | 131  |
| xxii.  | ON THE CULTIVATION OF MUSIC . . .                                              | 133  |
| xxiii. | ON THE SUN-BATH . . . . .                                                      | 135  |
| xxiv.  | RECORD OF CASES . . . . .                                                      | 138  |
| xxv.   | A PASSING NOTICE OF RHEUMATISM, GOUT,<br>CONSUMPTION, CANCER, AND INSANITY . . | 202  |
| xxvi.  | ON INDIGESTION AMONGST THE POORER<br>CLASSES . . . . .                         | 225  |
| xxvii. | SUMMARY . . . . .                                                              | 227  |

# INDIGESTION.



## CHAPTER I.

### ON INDIGESTION.

EVEN as I take pen in hand, I am almost tempted to lay it aside again—my subject is so vast, the organs that it more particularly deals with are so complex in structure, their mode of action is so imperfectly understood, their functions are so easily deranged, that the physician can scarcely hope to secure an *adequate* victory whilst doing battle with indigestion.

We speak of indigestion as if it were a disease *per se*, yet, as a fact, it is a symptom of almost every disease. *It covers the whole domain of medicine.* Beyond question every disease from which man suffers is either directly dependent upon, or materially influenced by, the condition of the digestive tract. The stomach is the feeder of the

whole body. The blood, which nourishes every organ and tissue thereof, is elaborated from its contents. How, then, can the body be healthy if its larder be diseased ?

No subject, in the practice of medicine, is more worthy of the study of the practitioner than that, the consideration of which I am about to enter upon. One does not overstep the bounds of truth whilst affirming that it enters into every relation of life ; that it destroys the happiness of the wife, the welfare of the children ; that it covers the land with strife ; that it fills the jail with occupants ; that it feeds the divorce-court ; nay, that it even decides the fate of empires !

The infant that should hang at its mother's breast is fed upon bread ; the father seeks refuge from its screeches in the public-house or the club-room ; he loses his love for home, and gradually becomes a drunkard ! The youth becomes incapacitated from learning his tasks ; his master inflicts corporal punishment upon him. The poor lad—keenly sensitive, as all dyspeptics are, and cowering under the disgrace inflicted—dips his hand into his father's cash-box and rushes from home to return no more. The clergyman ascends his pulpit feeling dissatisfied with his congregation, and his congregation leave his church



dissatisfied with him. They meet him on the morrow; his nose is red and his face blotchy. The world says he drinks. Yet such an assertion is a cruel calumny. True, he possesses "the drunkard's nose;" yet, to the eye of the physician, such a blemish on the face signifies nothing beyond the presence in the economy of severe indigestion. After a time he, disgusted with the injustice of his fellow-man, and depressed in spirits thereby, does begin to take brandy down in order to raise his drooping heart. Matters grow worse daily. Finally, the matter is brought under the notice of his bishop, and a worthy life is wrecked! The Premier, with an easily-led majority at his back, goes to the Senate-House; he has dined with the Lord Mayor the previous evening, and has now butyric acid circulating in his blood. Fiends strive for the mastery in his internals. He declares that England must maintain her position at the head of nations—as arbiter of Europe—so the dogs of war are unleashed, and man rushes at the throat of his unoffending brother!\*

The rich man—who is dying because occupation

\* The eighteenth century witnessed the destinies of England committed to the charge of a gouty Prime Minister, whose custom was to imbibe a bottle of port before appearing at St. Stephens'!! O tempora! O mores!

lights not the spark in his brain—imparts no vigour to his nerves, solaces himself with too frequent libations, infused from China's leaf. He becomes melancholic, draws his razor across his throat, and thus cheats the asylum !

This is no overdrawn picture—'tis literal fact. It has occurred already, will recur, if not to the end of Time, at least until man has studied physiology and learned to practise self-control. Abernethy used boldly to assert that no man would deny his stomach until death stared him in the face ! Alas, there was, in the days of indulgence in which he lived, ample foundation for his caustic assertion. We, in 1882, are not much wiser than our grandfathers ! Yet we *are* advancing. Many of the heads of the profession are now—all honour to them—reaping in the fields where smaller men ploughed thirty years ago. May-be, our grandsons will accept the dictum that *it is not what a man eats, but that which he assimilates that nourishes him*—that the amount that he *ingests* is *large*, whereas the quantity that he *requires* is *small*. Oh, halcyon Day of threadbare physicians, Thy timepiece warns for the Millennium !

The man who piled an elephant's load upon the back of a horse, or who coupled a goods train to the tender of a dwarf locomotive, would be justly

regarded by his fellow-man as a lunatic; yet such an act would be the parallel of that which the majority of mankind are, several times daily, performing in reference to their own digestive organs.

## CHAPTER II.

### WHAT IS DIGESTION ?

DIGESTION is that process by means of which the assimilable portion of the ingesta is converted into blood. It is performed in the following manner:—

The food, having been conveyed to the mouth, is there masticated and insalivated. The conformation of the teeth and of the digestive organs of man, proves that he stands between the graminivorous and the carnivorous animals, more nearly approaching the former ; and that, therefore, his food should be, principally, if not entirely, vegetable in character.\*

The saliva, the secretion of several glands that

\* All the herbivora sweat, masticate, drink, and possess an *abundance* of saliva ; not so the carnivora. The latter neither sweat nor masticate they lap ; their saliva is secreted but in very limited quantities. The herbivora are easily, and to their own detriment, transformed into flesh-eaters.

lie close to the lower jaw, performs the office of dissolving the soluble portions. Its watery portion moistens that which is insoluble, and thus renders it susceptible of being swallowed without inconvenience. An animal principle, called *ptyaline*, is contained in the saliva. This sets up a change in the starchy portion of the food—more particularly when the starch has been cooked—converting it into sugar. Some physiologists also consider that by being frothed with air, it becomes the medium for conveying oxygen into the stomach—the presence of oxygen being, in their opinion, indispensable to the due performance of the digestive function.

The food now passes backwards to the pharynx or upper portion of the œsophagus or gullet, descends that tube, and enters the stomach.

The stomach is a muscular organ, not unlike a bag-pipe in shape, and lying partly under the ribs on the left side. Its greater end looks outwards, and to the left—that is to say, towards the left side-seam of the waistcoat.

The food collects in the great left end of the stomach, and the latter becomes, during digestion, divided, by contraction of muscular fibres, into a greater (or cardiac) and a lesser (or pyloric) end. As further supplies of food descend, they pass to

the interior of the mass already there. The whole mass is now acted upon by the gastric juice—an acid fluid, secreted by follicles situated at the great left end of the stomach—under the stimulus of the presence of food. Its chief constituents are hydrochloric acid, and an animal principle called *pepsine*, belonging to the same class of substances as *ptyaline*. This *pepsine*, acting as a ferment, predisposes the mass to submit to the action of the acids just named. Thus the food is reduced to a pulp, grey in colour, and uniform in consistence, and especially the great nutritious principles—the fibrine, gluten, and caseine are *all* reduced to the condition of *liquid albumen*. The excess of water, plus whatever it may happen to hold in solution, passes, by endosmotic action, directly into the blood, sufficient only remaining in the stomach to impart to the chyme a due pulpy consistence.

The surface of the food is first acted on. As soon as it has been converted into chyme, it is propelled by the action of the muscular coat towards the duodenum, or commencement of the small intestine. If a portion of food that is digestible, but not yet digested, appears at the pyloric, or small right end of the stomach, demanding a passage, it is stopped by the muscular

fibres which there form a sphincter, and sent back to the great left end, there to undergo further digestion.

What a marvel is this pyloric orifice just mentioned ! What a power of selection and discrimination does it manifest ! It is a fact that that which is *perfectly indigestible*—such as (*e.g.*) the seeds and skins of fruit—the pylorus allows to pass through, without itself showing any symptom of disturbance !

In the duodenum (so called because its length is about equal to the breadth of twelve fingers) the chyme is mixed with the bile and pancreatic juice. The latter secretion is near akin to saliva : bile, however, is a neutral or weakly alkaline fluid, soapy in character, containing soda combined with two fatty acids called glycocholic or cholic and taurocholic or choleic acids. The two bile acids are present in various proportions in different animals. Bile also contains colouring principles, and a peculiar fat called cholesterine. This secretion neutralizes the acid of the gastric juice, acts on the oily constituents of the food, and renders them miscible with, and soluble in, water. Also the bile is a natural purgative, and excites the peristaltic action of the bowels. Little, however, beyond its colouring matter passes off in the

fæces: furthermore, it is an antiseptic, and retards the putrefaction of the fæces.

A perceptible change now begins to take place in the chyme, and continues during its passage through the remainder of the small intestines; for it separates into two portions—a milky fluid called *chyle*, which is the nutritive portion, and the non-nutritive, called fæces.

The chyle is absorbed by the villi of the mucous membrane, through the agency of microscopic cells, which pick it up and transmit it to the lacteals. These convey it through the mesentery and mesenteric glands to the *receptaculum chyli*, where it is mixed with the lymph brought by the absorbent vessels from the lower extremities and pelvis.

These two fluids, commingled, ascend through the thoracic duct (a tube about twenty inches in length, of the diameter of a small quill, and lying in front of the spinal column), and are poured into the circulation through the medium of the left subclavian vein. From hence it passes through the two right cavities of the heart, and goes to the lungs, there to be, in common with the venous blood of the general circulation, exposed to the action of the air, before it becomes *blood* in the full sense of the word.



Digestion is, in reality, a double process. It consists of—

(I.) Digestion proper, which occurs within the alimentary canal, and which has for its object the rendering of the food soluble and susceptible of absorption into the circulation; and

(II.) Assimilation, which occurs after it has left the alimentary canal, in the mesenteric glands, the liver, the lungs, and finally in the blood itself. The liver plays a prominent part in these changes, for it not only secretes some eight ounces\* of bile

\* I am aware that the amount of secretion that I attribute to the liver is but a tithe of that set down by the majority of physiologists. I take my stand, however, upon the now-proven fact, that a man performing an ordinary day's toil does not *require* more than two pounds of nourishment to support him through his labour. No physician will, I think, venture to assert that the quantity of bile secreted amounts to more than one-fourth of the weight of food ingested. In cases of starvation, either partial or total, we have no good and sufficient evidence that bile is either vomited, retained in the system, changed in form, or expelled per anum; hence we are, I think, justified in arriving at the conclusion that the amount secreted bears a direct proportion to the quantity of food ingested. If the one business of the life of so vast a gland as the liver were the secretion of bile, a justification for the statement that it gives birth to fifty or sixty ounces in the course of the twenty-four hours would exist. Inasmuch as, however, this labour is a minor office of the organ in question, I am decidedly of opinion that a statement of the kind must be

in the course of twenty-four hours, but it also effects changes of the highest importance in the food-constituents, which, having entered the blood by endosmosis (as above stated) from the stomach and intestines, are brought directly to it by the vena portæ. One product of this action is sugar, which is taken away in the blood of the hepatic veins.

*Nutrition* is the further use made of the food in the body. Yet only certain ones of its many principles are really nutritious, and renovate the tissues. They are those already mentioned as digested in the stomach, viz., the myosin of meat, the albumen of eggs, the caseine of milk, and the gluten of bread and leguminous foods, such as peas and beans. The other principles, such as starch, sugar, and oil, are not really nutritious, but are consumed in supporting respiration, during the carrying on of which process, they are burnt

very wide of fact. Hence, I again assert that the liver is *intended* to secrete only about eight ounces of bile in the course of the twenty-four hours. As a fact, man habitually over-eats. As a consequence the liver is perpetually over-worked, and (alas! for his happiness and longevity) in a state of congestion. The portal system conveys a very large proportion of the venous blood from the abdominal viscera to the liver. It follows from this fact that congestion of the liver brings in its train congestion of many of the intra-abdominal organs.

up in every tissue of the body in order to produce animal heat. If not consumed in this manner they are stored up in the form of fat, which is a reservoir of fuel, useful to maintain vital heat, should the supply of food be interrupted. From this it is evident that all kinds of food may be divided into the flesh-formers and heat-producers.\*

The fæces pass from the small intestines through the ileo-colic valve into the large intestine, where they are joined by excrementitious matter, the product of the follicles of the gut. The valve itself permits of no return. Finally, the fæces collect in the sigmoid flexure of the colon, whence they are expelled from the body. A limited amount of absorption takes place in the large intestine.

\* This an accepted theory. Inasmuch as, however, we see individuals—nay more, aggregations thereof—deriving ALL the elements necessary to nutrition from one or two articles of diet, we can only arrive at the conclusion that, whereas the workings of chemistry, even when unaided, are marvellous, its performances when multiplied by that intensifier, which we denominate Life, are simply beyond the scrutiny of the finite powers of man. The Irishman flourishes on his potatoes, plus, *perhaps*, a little milk; the Scotchman becomes brawny upon his oatmeal; the native Indian, also the Chinese, upon his rice; the Turk develops into one of the most muscular and enduring of Europeans, upon little beyond his handful of *farinaceous* dates; the Corsican performs hard manual labour upon his pocketful of chestnuts!

## CHAPTER III.

### THE CAUSES OF INDIGESTION.

IN the former chapter I gave a very brief sketch of digestion. Purposely I glanced only at main facts, passing minor details unnoticed. I now proceed to inquire—What are the *causes of dyspepsia*?

The two principal causes of indigestion are—  
(1) Imperfection of the organs concerned in the process; (2) Unsuitability of food, either as regards quantity or kind. These two conditions usually co-exist.

The accessory causes I must also mention. Their number is Legion, but the principal are as follows:—

- a.* Imperfections of cookery.
- b.* Carious disease in, or numerical insufficiency of, teeth.
- c.* The presence on the palate of a plate for artificial teeth.
- d.* Disease of tonsils.

- e.* Adulteration of food.
- f.* Impairment of the general health.
- g.* Disease in a distant organ.
- h.* Irregularity of meals.
- i.* Smoking, chewing, and snuff-taking.
- j.* Impurity of water used either for drinking or cooking purposes.
- k.* Exercise, either insufficient or excessive.
- l.* Alternations of temperature, unaccompanied by compensative changes in clothing.
- m.* The stooping posture.
- n.* Insufficiency of air.
- o.* Mechanical pressure on the digestive organs.
- p.* Taking either a hot or a cold bath at an improper hour.
- q.* Use of opiates—more particularly of chloral.
- r.* Excessive study.
- s.* Impurity of air.
- t.* Insufficiency of light.
- u.* Mental emotions.\*

\* The influence of the mind over the bodily functions is scarcely, I take it, sufficiently realized. Dr. Henry Bennet considers that “the condition of extreme moral depression” under which the Parisians laboured during the siege of the French capital in 1870, “constituted an important element in the fact that they ‘died like flies in autumn.’” Did space permit, I should record many cases that have occurred in my practice, but which I have passed unnoticed, in which great mental emotion has been productive, not merely of

*v.* Changes of climate without compensative changes in diet.

*w.* The lack of occupation.

*x.* Sexual excesses.

*y.* Insufficiency of sleep.

Most of these conditions I shall, in due course, illustrate by appropriate cases.

I conclude this chapter by dotting down a few aphorisms, which I recommend the dyspeptic to learn by heart. They are :—

*a.* Let each individual take that which he finds, by experience, to suit him—not his neighbour; carefully distinguishing between natural tastes and acquired bad habits.

*b.* That which is one man's meat is another man's poison.

*c.* Earn your loaf before you eat it.

*d.* Always rise from table unsatiated.

*e.* Stimulation must be followed by depression.

*f.* Live peaceably with all men.

*g.* Eat slowly.

*h.* Refrain from drinking whilst eating.

*i.* After dinner sit a while; after supper walk a mile.

functional derangement, but even, finally, of organic disease. As a rule, the *intensity* of the resultant mischief is *directly* proportionate to the *swiftness* with which the blow falls.

*j.* Eat when you are hungry, not when it is meal-time.

*k.* Eat only such a quantity that you shall be hungry when meal-time comes round

*l.* Let your food be proportionate to your work.

*m.* Be temperate in all things.

*n.* Nature loves regularity.

*o.* Dr. Diet is the best physician.

*p.* It is not good for man to be alone.

*q.* Idleness is the stomach's hangman.

## CHAPTER IV.

### SYMPTOMS OF INDIGESTION.

THE *symptoms of indigestion* are, if possible, more numerous than its causes. It is not too much to say, that every feeling of discomfort, from which an individual suffers, from the crown of his head to the sole of his foot, may be caused by dyspepsia. Some of the more common symptoms are the following:—

1. Flatulence.
2. Heartburn.
3. Depression of spirits.
4. Giddiness and staggerings.
5. Sudden loss of vision.
6. Sudden loss of hearing.
7. Loss of sensation in any portion of the body.
8. Palpitation.
9. Irregularity of action of the heart.
10. Flushings of face.



11. General cold perspirations.
12. Drowsiness.
13. Sleeplessness.
14. Extreme debility.
15. Retchings.
16. Asthma, or shortness of breath.
17. Cough.
18. Shiverings, either brief or prolonged.
19. Diarrhœa.
20. Constipation.
21. Acid-risings.
22. Water-brash.
23. Pain, even in distant organs.
24. Headache.
25. Excessive dryness or moisture of skin, more or less permanent in character; and either local or general in extent.
26. A chopped, furred, or peeled condition of tongue; or all three co-existent.
27. Eruptions on the skin.
28. Spasm in throat or large intestine.
29. Pains in back.
30. Pains in either shoulder.
31. Burning sensations in palms of hands or soles of feet.
32. Tenderness of eyeballs.
33. Wateriness of eyes.

34. Piles.

35. Angina pectoris.

36. Sordes on teeth upon waking in the morning.

37. Epilepsy.

38. Chorea.

39. Several forms of insanity.

40. Sickening pulsation at the epigastrium.

It will appear from the above list that many of the symptoms enumerated are, *apparently*, antagonistic in character.

Why should I lengthen this list? To speak succinctly, the symptoms of dyspepsia, like its causes and its results, extend, I repeat, over the whole domain of physic.

## CHAPTER V.

### ACUTE INDIGESTION.

ACUTE indigestion, or bilious attack, as it is usually termed, almost invariably arises from over-indulgence at table. The symptoms of this disorder, nearly every man is, unfortunately for himself, acquainted with, having learned them in the school of suffering. They are—Nausea, vomiting, a loathing of food, diarrhœa, utter prostration, insomnolence, headache, thirst, feverishness, rapidity of pulse.

The *treatment* is of the simplest character; yet, even in this matter, I am, I fear, somewhat heterodox in my opinions. I contend, that to endeavour to arrest the vomiting—that is to say, to compel the stomach to retain an oppressive load—an irritating burden—is to commit a great mistake. The plan that I, for good or for evil, follow, is to assist the organ in its endeavours to cast off its incubus.

CASE I.—One evening, about nine o'clock, I was sent for to attend upon C. C., a tradesman, aged about fifty. I found him rolling on the floor with agony; perspiration, literally, dripping from nose and chin. His attendant informed me that he had been suffering under cramps in his stomach for about two hours, and that neither hot-baths nor turpentine-flannels, nor, in fact, any of the means resorted to, had done him the slightest amount of good.

This was clearly a case in which the relief of pain was the first object to be aimed at. I sent to the nearest druggist's for some chloroform, and this I administered, very cautiously, until my patient obtained ease from his sufferings. I then gave hot water till vomiting occurred. Under the influence of this he ejected a small quantity of perfectly undigested meat. Almost instantly thereupon he felt relieved.

We made him a shakedown on the floor, and I left for the night.

The following morning I examined him carefully. He stood about five feet ten inches, when in his slippers, and was a model of manly development. There existed, however, a general dilatation of the venous system; the liver was somewhat enlarged, and the tongue, which was much furred,

appeared as if it had been hacked all over with a minute chopper. He stated that he was, at all times, well enough in health, provided he did not take either beer, wine, spirits, or solid meat. He added that he seldom took a meal from home, because people worried him by declaring that he was starving himself. That he had dined with a friend that day, and had foolishly eaten a little roast mutton, which had upset him, although he had adopted the precaution of cutting it very small.

I explained that his was a highly sensitive organism, one that, clearly, could not tolerate stimulants. That whereas he would derive much benefit from animal food taken in the fluid form (as milk), or semi-fluid (as butter), from solid meat he would acquire only harm. I added that he must strengthen his internal skin by deputy (so to speak), viz., by sponging the surface of his body, from head to foot, with cold water every morning.

Twelve years have elapsed. My patient is one of those satisfactory clients who are content rigidly to follow prescribed injunctions. His diet consists exclusively of fruit, vegetables, boiled fish, bread and butter, plus cocoa or water. He is, he states, always well, though he inherits a ruined constitution from a drunken father.

C. C., very wisely, carefully eschews drugs.

Ten years since, circumstances separated me from C. C. Some three years ago he fell ill. His medical attendants insisted upon a return to the eating of meat, and added thereto the drinking of sherry. I paid C. C. a friendly visit in the summer of 1881. Softening of the brain had set in.

November, 1882.—C. C. is still alive, though dead to the world.

CASE II.—One day, as I sat at luncheon, I was requested to visit L. H. instantly, as he was dying of diseased heart, and would most likely be dead before I could reach his house, and his doctor was engaged at a case that was likely to engross his attention for several hours.

I laid down my knife and fork, and walked as briskly as the intense heat of the weather would permit, to my patient's house.

I found him a broad-shouldered, muscular man of sixty-eight years of age. He was suffering the most intense agony. With his right hand he either beat his breast or clasped his left wrist, all the while exclaiming, "Oh, doctor! Oh, my wrist! Oh, doctor! Quick! My chest! I'm dying!"

I put to his relatives my universal question, as

to that which he had recently either eaten or drunk, and elicited that he had just partaken of a full dinner, and imbibed a quart of ale that was a little hard.

I administered hot water until he vomited. He threw up, *inter alia*, an enormous quantity of imperfectly masticated cabbage. Instantly he expressed his deep joy at the relief given.

Inasmuch as L. H. belonged to the class that refuses to believe in cure without the aid of physic, I ordered him a mixture containing soda, bismuth, sal volatile, and lime water (a dose to be taken every four hours) ; and took my departure.

At the request of his usual medical attendant, I visited him the following day for the purpose of, if possible, instilling caution into his mind. The action of his heart remained somewhat tumultuous, though he had become, as he stated, a different creature since yesterday. I spent ten minutes explaining fully what he should eat, drink, and avoid. He replied, "Thank'ee, doctor, Mr. C—— told me the same nigh upon forty years ago!"

I confess to having felt very small. This case, that so closely simulated angina pectoris, was simply one of acute indigestion!

Thirteen years have elapsed. The patient is a hale man of eighty.

CASE III.—One afternoon, in May, 1868, I was summoned to the house of a butcher to prescribe for the proprietor's nephew, aged twenty, who had fallen into convulsions.

On my arrival, I found a young man, of very full habit, just recovering from an attack of epilepsy. He had been out, for a day's pleasure, with some associates, and had eaten largely of boiled beef and pickled cabbage, plus carrots, potatoes, rhubarb-tart, and bread and cheese. He had also drunk, somewhat heavily, of bottled stout. Shortly after dinner he was, whilst batting at cricket, suddenly seized with faintness and vomiting. These symptoms persisted till convulsions set in. His friends, very wisely, brought him home without delay, and sought medical aid.

I cautioned him to live sparingly, and upon light food; also to avoid stimulants, irritants, and excitants of all kinds, and, that too, for a period of at least six months.

He rigidly adhered to my instructions.

When last I heard of him, now some eight years since, he had experienced no return of his alarming symptoms.



CASE IV.—H. A., aged seventeen, was staying in Dover in the year 1864. On one occasion, he climbed a very steep hill immediately after dinner. The result was that, upon his descent therefrom, he became faint and ejected his dinner. His stomach did not recover its tone for several days.

I suggested his retirement to bed. To this penance he, however, declined to submit. I allowed him only spoon diet, and gave him an effervescing draught every four hours. At the end of a week he was quite himself again.

Doubtless the vomiting prevented a serious attack of congestion of one or more of the internal organs.

CASE V.—On the evening of 7th July, 1881, I was called hurriedly to visit M. R., aged six years, whom, on arrival at the house of his parents, I found suffering from convulsions.

Enquiry elicited the facts, that not only was the little patient accustomed to eat fruit gathered from the garden to any extent that pleased him, but also that he had that day partaken largely of beef-pudding.

I administered an emetic of Vin. Ipecac., which caused the child, forthwith, to eject from his

stomach a large amount of undigested food. I directed that he should be placed in bed, and should ingest nothing beyond cold water until I had seen him a second time.

Upon calling the following morning, I found my little patient quite recovered from the effects of the excesses indulged in on the previous day.

## CHAPTER VI.

### CHRONIC INDIGESTION.

I now come to a disorder, more grave in character and more difficult of management, than that of which I have just treated, viz., *Chronic Indigestion*.

The causes of indigestion, both acute and chronic, also its symptoms, I have already referred to. I now proceed to mention its *results*.

The reader must bear in mind, that, though we are accustomed to speak of the body as the aggregation of a number of organs, these organs stand to one another in the relation of the wheels of a watch, or of a steam-engine. If one becomes untrue to its office, the whole machine suffers—if one breaks down, it comes to a standstill.

#### *The Results of Dyspepsia.*

Again the whole domain of medicine stares us in the face. For the information of the reader, I will trace a *few* cases through to their termination:—

*a.* Congestion of stomach ; congestion of liver, leading to congestion of the majority of the abdominal viscera, and terminating in ulceration, or even cancer, of one or more of them. Death.

*b.* Congestion of stomach ; congestion of liver ; fatty liver ; fatty heart. Sudden death.

*c.* Congestion of stomach ; congestion of liver ; rheumatic fever ; endocarditis. Death, near or remote.

*d.* Congestion of stomach ; congestion of liver ; deposits in various organs. Lingering death.

*e.* Congestion of stomach ; congestion of liver ; rheumatism ; diseased heart ; clot carried to the brain ; softening of the brain. Death.

*f.* Congestion of stomach ; congestion of liver ; eczema on skin ; sudden accession to the brain ; epilepsy. Death.

*g.* Congestion of stomach ; congestion of liver ; erysipelas. Probable death.

*h.* Congestion of stomach ; congestion of liver ; congestion of kidneys ; disease of kidneys ; stone in kidneys ; stone in bladder ; operation. Possible death.

*i.* Congestion of digestive organs ; congestion of spinal-cord ; epilepsy. Death.

*j.* Congestion of digestive organs; general irritation of nervous system; insanity. Death.

*k.* Congestion of digestive organs; congestion of lining membrane of eyelids; eversion of lower eyelids; irritation of exposed eyeballs. Blindness.

*l.* Congestion of digestive organs; leprosy of skin; or chronic spottiness of face.

*m.* Congestion of digestive organs; congestion of lining membrane of lungs; bronchitis; consumption. Death.

*n.* Congestion of digestive organs; bronchitis; asthma; diseased kidneys; diseased heart. Death.

*o.* Congestion of digestive organs and consequent generation of acid; rheumatism of the eyeballs; opacity of the lens; cataract. Blindness.

*p.* Congestion of digestive organs; rheumatism; chronic rheumatism of middle ears; deafness.

*q.* Congestion of digestive organs; gout, affecting every organ of the body.

*r.* Chronic gastritis; ulceration of stomach or duodenum. Sudden death.

*s.* Congestion of digestive organs; vomiting of blood. Death, near or remote.

*Chronic Indigestion*

May be, I think, for convenience of description, subdivided as follows :—

*Slow Digestion*—or simple dyspepsia.

*Undue Acidity* in digestion—dyspepsia with acidity.

*Painful Digestion*—dyspepsia with gastric pain and frequent soreness.

*Foul Digestion*—dyspepsia with fetid eructations.

*Impaired Digestion*, with mental disturbance—dyspepsia in which mental symptoms predominate.

*Feeble Digestion*, with clamminess of skin.

*Indigestion*, with irregularity of action of heart.

*Indigestion*, with sordes on teeth.

*Slow Digestion*

Occurs more frequently in men than in women, and is, most commonly, found to attack those who follow sedentary occupations. Such individuals are, usually, irritable and fretful. They speak and act—nay, unfortunately, eat also, in a very impulsive manner. They, generally, feel relieved

as the day advances, enjoy a heavy supper, and awake, the following morning, clammy in mouth, and, in no degree, fitted to perform the toil of the coming day.

Commonly, they suffer acutely from flatulence. Sometimes they will tear open the clothes, and rub violently at the abdomen, until the wind is expelled in volumes.

Commonly, also, the urine deposits a sediment, yellow or brown in colour, and soft and chalky to the touch.

These men are highly energetic ; usually live to a good old age, and do more than a fair share of the work of the world.

### *Acid Dyspepsia.*

This is, by far, the most common form of indigestion. Individuals who suffer from acid dyspepsia are, usually, of the nervous temperament, and both act and speak in a very decided and energetic manner. Their tempers are so hot, as to render them, scarcely to be tolerated, by their neighbours and belongings. The appetite is bad. Sometimes, however, it is voracious. The gnawings in the stomach are, frequently, mistaken for

those of hunger—hence food is ingested when, in reality, the stomach is already overburdened. Even their breath smells of acid. Their energy is commonly boundless. Doubtless nature's object in keeping them, perpetually, on the move, is the elimination of superfluous acid from the system, through the medium of both skin and lungs. They are sometimes pale and thin; but, more commonly, plethoric and gouty. The urine generally deposits a red sand, which feels hard and gritty when touched with the finger. The amount of cold they can endure is astonishing, provided always that they keep on the move. Usually, they wear no more garments, out of doors, than when sitting at their firesides. This, too, they do with impunity. Nevertheless, it behoves them to use caution, as they are very prone to suffer from deposits in various organs—those in the abdomen aggravating indigestion; those in the lungs, as a rule, terminating in phthisis; and each one increasing the natural tendency to the formation of deposits of a similar character. Pleurisy, bronchitis, and peritonitis frequently attack the victims of acid dyspepsia, and are, practically, suppressed rheumatism!

Theory would affirm that all forms of saccharine and starchy matter must be inhibited in the plan



of treatment. Practical experience, however, distinctly negatives such a course of proceeding.

Rheumatism, gout, and disease of kidneys are very prevalent among the victims of acid dyspepsia.

### *Painful Digestion.*

This is a most annoying malady, even when existing in its milder forms—terrible when it assumes a grave type.

The pain usually comes on shortly after taking a meal. The period of its duration is doubtful—sometimes it lasts only a few minutes; more frequently, it persists for several hours.

It is felt in a spot situated between the lower ribs—that is to say, in the region of a mass of nerve—a small brain, in fact, called the great solar plexus. It, by no means follows, however, that the *cause* resides in the spot at which the pain is felt. On the contrary, it is the opinion of those physicians who have given their attention to the subject, that the *fons mali* may reside either in the pancreas, or the commencement of the small intestines. My individual experience is, that it may exist in any portion of the alimentary canal that lies on the distal side of the œsophageal

opening of the stomach, and that the pain is felt at the spot indicated, simply because it is the seat of the nearest nerve-mass. Satisfied am I, that it, not unfrequently, depends upon a congested condition of the solar plexus itself ; strumous deposit in the pancreas ; superficial ulceration of the mucous membrane of the stomach or small intestines ; and nervine atony.

In my experience, this form of indigestion is more common amongst women than amongst men.

### *Foul Digestion.*

Foul digestion is the result of eating food, either too large in amount, or too rich in quality. Again, the principal sufferers are those who follow sedentary occupations, more especially when they work in rooms, either heated through the agency of gas, or insufficiently ventilated. Journeymen-tailors, also shoemakers, are, markedly, subject to foul digestion. The symptoms do not, usually, present themselves until the lapse of several hours after the cause of the mischief has been swallowed. The process of digestion appears to be arrested half-way—as if the stomach had given up, in despair, the hope of working through its load.

Putrefaction occurs, accompanied, of course, by the evolution of volumes of foul gas. There are, co-existent, therewith, constitutional disturbances of a very severe character, including headache, nausea, heat of skin, great thirst, foulness of tongue, pains in head, back, and limbs; sometimes nervous tremors or twitchings. Usually, also, there is diarrhoea; the fæces smell almost putrid; nay, the breath and vomited matters possess an odour as of decomposed eggs. If sufferers from foul digestion sleep after partaking of food, a fit of dyspepsia is the almost certain result.

Veal or pigeon pie, or, in fact, any dish containing eggs cooked in a confined space, also eggs boiled beyond due limits, constitute some of the bitterest foes that sufferers from foul digestion are called upon to contend with.

This disease is sometimes intermittent in character. Frequently it depends upon the presence in the economy of a blood-poison, acquired months, or even years, previously.

### *Impaired Digestion, with Mental Disturbance.*

In this form of indigestion, the stomach-symptoms frequently occupy but a very subordinate

position, the head-symptoms alone being those of which the patient complains. He consults a physician for his brain, as he tells him. His stomach is right enough, he, not unfrequently, adds, his words proving that almost unconsciously to himself, he is aware of the existence of gastric derangement.

He will, not uncommonly, walk his room continuously—even while he is reporting the details of his case. He is, seldom, without imaginary enemies, many of whom desire to place him in a lunatic asylum.

This is the class of case that is most difficult to deal with. If left to itself, it usually terminates, either in confirmed hypochondriasis, or some form of insanity.

Many of these cases depend upon rheumatism, suppressed, yet attacking the encephalon, and are commonly much benefited by the twofold agency of light diet and vapor-baths. As a rule, however, some disorder of the digestive organs lies at the root of the mischief.

In women, the organs of reproduction are, by no means, sinless in these cases.

*Impaired Digestion, with Clamminess of Skin.*

The patient is, usually, slenderly built, has a pale, thin, anxious face, and is frequently, but by no means always, stunted in growth. His shoulders droop from mere inability to hold them up. He is round-backed and hollow-chested. Commonly, he is taciturn and tranquil—yet, once excited, his face lights up with enthusiasm. Talented and persevering, he is one who can go anywhere and do anything. Nothing is too much for him to undertake; no obstacle daunts him. The pabulum prepared by the digestive organs is insusceptible of development into blood, containing the due proportion of red corpuscles.

The taking of food, except it be of the lightest character, forthwith induces cold perspiration, which latter is, sometimes, local, and sometimes general.

The sufferings of the victims of this dire disorder, amount, in the aggregate, to a living death. Dissolution is, commonly, the object of their ambition; yet their morality is of so comparatively lofty a type as to preclude the idea of self-destruction.

Such persons faint under the pressure either of

slight pain, or any form of mental excitement. They detest the sight of blood, or the thought of physical suffering. They are wretched sailors, and naturally cowards; yet, once nerved up, will face any odds. One of England's foremost naval heroes must have been a sufferer from this form of dyspepsia.

I regard that now under consideration as one of the most serious phases of indigestion, on account of its strong tendency to run into consumption. Yet no form of indigestion, is, as will be shown hereafter, more amenable to rational treatment. It is more common in men than in women; yet, among those seriously attacked, more fatal in women than in men.

The sympathy that exists between heart and digestive organs, is so great as to be incredible to him who has neither suffered from it, *in propria personâ*, nor watched its intensity in others.

At the date of writing this paragraph, I am in attendance upon a patient, aged about forty-five, who will, not infrequently, actually become faint, shortly after either imbibing a cup of tea, or eating a small portion of meat-pie containing egg, or partaking of stuffing made with herbs. Yet this same individual can, without inconvenience, either stand erect for twenty minutes, in a vapor-bath, heated

to 120° Fahrenheit, or deliver an extempore lecture two hours in duration.

*Indigestion, with Irregularity of Heart's Action.*

This is a most serious form of dyspepsia ; so serious indeed, that I shall feel bound to write of the treatment thereof, in a special manner ; nevertheless, it is commonly amenable to treatment if grappled with before functional derangement has developed into organic disease. It is more common in men than in women. It is comparatively frequent in children suffering from Tabes Mesenterica ; the age of puberty, however, being once satisfactorily surmounted, it, usually, slowly recedes, and seldom reappears before middle life is passed. It generally possesses a history of prolonged antecedent palpitation.

It has several phases, viz. :—

*A. That in which the assumption of the recumbent posture at once tranquillizes the weak and irritable organ.*

These cases are curable under the influence of light diet, mental occupation, obedience to hygienic laws, and prolonged rest in the recumbent posture. Both alcoholic stimulants and purgatives should

be avoided. Pepsine, bismuth, hydrocyanic acid, strychnine, and phosphorus are the drugs to be employed in this malady.

Occasionally the physician meets with a case of this disease which proves absolutely unamenable to treatment. Clearly it is one of heart, or rather of brain, starvation. Such cases terminate sometimes in epilepsy, sometimes in sudden death. Now and then nature, determined, as it were to gain the victory, extinguishes the batteries that preside over locomotion, in order that the whole of her efforts may be concentrated upon the work of increasing digestive ability—prolonging life. Paralysis having set in, the patient's general health improves, and his heart resumes tranquillity of action.

These cases are few in number; and the proportion that terminates unfavourably is fortunately very small indeed.

*B. That in which the irregularity of action subsides as the day advances, or, in other words, as the internal congestion inseparable from sleep passes away.*

Sufferers from this form of dyspepsia are, commonly, decrepid in the early hours of the day, but rise almost to the health-standard as evening approaches. They avoid much suffering by re-



maining in bed, fasting, for two or three hours after rousing from slumber. Usually they refuse to retire to rest until the small hours of the morning have arrived.

Light diet, gentle exercise, mental occupation, attention to general hygiene, the avoidance of alcoholic stimulants, and the use of the vapor-bath, together form the course of treatment to be pursued.

Cholagogues irritate even to the point of inducing colonic spasms. Natural purgation, however, brought about by the ingestion of ripe fruit, affords vast relief.

Pepsine, lactopeptine, bismuth, glycerine, hydrocyanic acid, rhubarb, phosphorus, strychnine, and high-class cod liver oil, are the drugs usually selected as adjuvants.

*C. That in which the irregularity of action persists during the entire twenty-four hours.*

This is a disorder demanding the serious attention of the physician. Sufferers from this form of dyspepsia can seldom ascend even a flight of stairs without suffering, more or less severely, from dyspnœa. They are acutely sensible of the existence of a weak spot in their organism, hence they live in a state of chronic mental perturbation, and

are to be seen constantly examining the state of their pulses. Frequently they faint—occasionally they die—under the pressure of either deep emotion, or, for them, severe muscular effort. Now and then they are found to have died tranquilly during sleep; and, when such a calamity happens, it is usually traceable to exceptional indulgence in unsuitable diet.

Light food, gentle exercise, absorbing mental occupation, abundance of sleep, and the avoidance of stimulants, irritants, and excitants, are the chief points of treatment to be attended to.

Infusion of digitalis is THE drug to be depended on. It may be administered in half-drachm doses, and repeated at brief intervals. In my opinion, it not only tranquillizes the heart, but also acts as a sedative to the mucous membrane of the stomach, and, furthermore, eliminates much morbid matter, probably rheumatic in character, through the medium of the kidneys. No remedy, however, can rival the Russian bath in the treatment of this form of indigestion. *As soon as* the patient becomes thoroughly heated, he expresses his sense of relief afforded. Frequently, the irregularity of action of the heart ceases at the same period, nay more, remains in abeyance for many hours after quitting the bath.

I frequently experience some little difficulty in inducing dyspeptics who manifest a tendency towards faintness, to make trial of the vapor-bath. As a fact, however, they may, with the most perfect confidence, dismiss all fears on the subject. The Russian bath is, in no sense, a depressing agent. Moreover, the recumbent posture, which patients who use this form of vapor-bath invariably assume, precludes the possibility of such an untoward event as the supervention of faintness taking place.

The rapidity with which some individuals, who appear to be in a hopeless condition, in consequence of indigestion complicated with irregularity of the heart's action, rise again, under the influence of the treatment indicated, is scarcely credible to him who has not been an eye-witness thereof.

In my experience, indigestion, with continuous irregularity of heart's action, occurs only when the stage of suppressed rheumatism or gout has been reached.

### *Indigestion with Sordes on Teeth.*

'That this is a serious form of indigestion, is proved by the number of deaths that occur among

its victims, when an ailment, in itself trifling in character, is superadded to already existing mischief. This is accounted for by the knowledge that it is usually *a sequela of antecedent disease*.

In my experience, it is more common in women than in men, in the proportion of ten to one. The remote cause is, usually, an inflammatory affection of one or more of the abdominal viscera, terminating in the formation of adhesions. Puerperal peritonitis or cellulitis together constitute the great predisposing causes of the disease.

The treatment consists of light diet, gentle exercise, the prolonged administration of iodide of potassium, combined with orange-peel, cascarilla, or cinchona, and, above all, steady perseverance with the Russian bath.

Blood-poisoning after child-birth is of very frequent occurrence in individuals already suffering from indigestion with sordes on teeth.

This phase of dyspepsia is sometimes mistaken for a form of chronic typhoid fever, and, to the detriment of the patient, treated with high living and quinine.

## CHAPTER VII.

### OF HYPOCHONDRIASIS.

VOLUMES have been written on this subject ; octavos will yet be penned thereupon ; yet I fear that, if we desire to retain our character for truthfulness, we must confess that, after all, we know very little about either its causes or its treatment. It is, commonly, a disease of middle age and advanced life. Sometimes it attacks the young, continues through middle life, and recedes, or even entirely disappears, as age creeps on. It involves great suffering to the patient. It attacks both sexes indiscriminately. It causes the individual to be regarded as "that nuisance So-and-So," or "that crazy old A. B."

During my years of study of indigestion, I, like my predecessors, have, at various times, located the disease in liver, kidneys, pancreas, spleen, stomach, intestines, and, finally, solar plexus. I now, however, freely confess that my knowledge

of the subject is most unsatisfactorily small in amount. That it is, appropriately, named hypochondriasis is beyond question, inasmuch as the greater part of the pain that it induces, is referred to a spot situated under the cartilages of the ribs. Some of its causes are as follow :—

*In Women.*—Most commonly, irritation in some portion of the genital tract—womb and ovaries being the organs usually affected.

*In Men.*—Also irritation in some portion of the genital organs, and commonly intensified, if not initiated, by gonorrhœa or syphilis.

*In both Sexes.*—Tape worms (even in very advanced life), obstructed colon, sacculated colon, constricted colon, internal piles, calculi in the gall-bladder, tumours of all varieties ; any disorder of the abdominal viscera—strumous deposit in the pancreas being one of them—also mental anxiety, the whole aggravated by an excess of blood, present in the solar plexus.

*The general treatment* consists of mental occupation, light diet, the avoidance of stimulants and irritants, the use of the vapor-bath, followed by the cold sponge, needle, or shower ; nervine tonics and outdoor exercise.

Any special cause of disease must, of course, and if possible, be removed.

## CHAPTER VIII.

### INFANTILE INDIGESTION.

I CONSIDER it incumbent upon me, before entering upon the *general* plan of treatment of indigestion in the adult, to write a few lines on infantile indigestion.

It is a law the whole creation through, that the young animal shall derive its nourishment from the mammæ of its *own* mother. (I, of course, employ the word *animal* in the sense in which it is commonly accepted.) The stomach of the infant of the superior animal is constituted to digest *human milk*, and *nothing else*; that is to say, *animal nourishment*, *living*, and in its most assimilable form. Now, human milk is extremely watery and very sweet. Infants fed thereupon, usually, grow rapidly, and are both *intelligent* and peaceful. The middle classes, as a body, recognize this fact; not so, however, either the upper or the lower.

The former refuse to give up the pleasures of society, in order that they may attend to the requirements of their infants; the latter, through ignorance of physiology, insist upon feeding rather than suckling them.

The result is—a rate of mortality amongst infants so large, that one cannot contemplate it without dismay. I do not hesitate to affirm that, according to my individual experience (and that experience, to my knowledge, of a, by-no-means, exceptional character), *three-fourths of all the infants that die are killed*—some by mistaken kindness, I freely grant—yet, nevertheless, killed. It is the exception for a child to be born diseased. Physicians find it difficult to bring home to the minds of mothers, either the possibility of an infant starving, though its stomach may be full, or the fact of the future man being, not unfrequently, either made or marred, within the first twelve months of his existence. A well-meaning neighbour comes in, and admonishes Mrs. A——, that her baby is not satisfied, and that she must therefore give it something to eat. Something to eat is accordingly given. The infant soon begins to suffer the torments of dyspepsia—possibly of colonic spasms—and roars lustily. The admonitress now suggests the exhibition of a little



soothing-syrup. Soothing-syrup is accordingly administered. As soon as the effects of the sedative have passed away, neighbour Number Two appears upon the scene, and urges the giving of a little port wine. So, at once, the poor little creature, that is unable to tell the tale of its woes, has a wretched mixture of logwood and beet-root brandy poured down its throat. It sinks into a drunken slumber, rouses in a state of depression, and, of course, yells again. Neighbour Number Three now steps in, declares that the little darling is starving, and almost insists that some sopped bread be given in order to fill its poor little stomach. Sopped bread is accordingly administered. The yells increase. The mother grows fretful, and the father leaves the house in disgust. The child wastes. Eczema—*nature's attempt at cure*—breaks out on its skin, and spreads over the greater portion of the surface of the body. One day neighbour Number Four becomes the medical attendant. She brings the little sufferer a piece of cake. The plum-cake is given. Convulsions supervene. The doctor is summoned. He makes inquiries; at once divines causes, and gives instructions for future better treatment. These are fairly well carried out. But, alas! the digestive organs are, already, permanently injured. The

child grows to maturity, with enlargement of joints, projection of forehead, soreness of eyelids, a drooping of shoulders, a bend in the back, and a hollowness of chest. He dies of consumption at the age of thirty !

Let us make another sketch.

A. B. resides in Belgravia. He is born somewhat weakly in constitution, his mother having injured her health by late hours, spent in a whirl of fashion ; also, she has usually indulged in a little more alcoholic stimulant than is good for her. Of course she refuses to suckle her infant, inasmuch as the following of such a course would interfere with her pleasures. Under the advice of a celebrated physician-accoucheur, cow's milk, goat's milk, and ass's milk, are alternately put on their trial. One morning the physician-accoucheur looks grave, and says that human milk *alone* can save the child's life. A wet-nurse is obtained. She is examined by the physician-accoucheur and pronounced to be, as far as he can judge, in good health. For a time all goes well. Shortly, however, the man of science is again summoned. The child has a constant running at the nose, he turns his thumbs on to his palms, and has ugly copper-coloured spots upon his skin. The doctor now looks very grave indeed ; says the child must be

forthwith weaned, and must, moreover, go through a prolonged course of physic.

Alas ! the tiny patient has contracted syphilis from his nurse. In a few months a little coffin is carried to the house in Belgravia.

Another child is born at the West End mansion above mentioned. Once more the mother refuses to perform maternal duties. The services of the physician - accoucheur are not again sought. Clearly he did not use caution in the selection of the former nurse, so an M.D.-Baronet is called in. A healthy mother is brought from the country, and the child progresses fairly well. He does not exactly *thrive*, but then, who can wonder thereat, inasmuch as she, from whom he draws his sustenance, is continuously bemoaning her absence from her own darlings. As a boy he manifests painfully fierce tempers. As a young man he dislikes the society of his equals—spends his time with jockeys and rat-hunters. “What a bear is young Lord A. !” says Lady B. “And how horribly ugly and common !” adds the Countess of C., in bated tones. “*And how like his wet-nurse, both in face and manners !*” adds the Duke of D. “And cares more for her than for his parents !” chimes in Mrs. Dives.

Yet another sketch !

This is a dear, placid little angel. Its mother is in society, and, of course, therefore, cannot be expected to minister to the necessities of her own offspring. The doctor does not quite like the aspect of affairs, and suggests a change of nurse. Nurse Number Two is imported. Alas, however, her little charge screams during the greater portion of his time. The honest woman, conscious of rectitude, yet unable to account for the change that has taken place, insists upon relinquishing her situation. The nursery has to undergo a cleansing process; accordingly, the corner-cupboard is cleared out; *a regiment of empty bottles, labelled "Soothing Syrup" is unearthed!* As the infant develops into a child, its relatives discover that it is a semi-idiot!

Now for a brighter picture.

This smiling, happy lady was, formerly, a clergyman's daughter. The lessons of duty, acquired in early life, have, in her case, borne abundant fruit. The head of the household is a physician. The mother permits nothing to interfere with the due performance of her sacred duties. The greater portion of her life is spent in the society of her children. Like Cornelia, the Roman matron, these are her jewels. She cares not for show, for glitter, for purple and fine linen,

for luxury, for the stencil of society. Her home is her world. Both she and her husband take their meals with the little ones. They seldom touch alcoholics—the children never taste them. The two youngest sleep in cots that stand beside the parental couch. All are fed with a sufficiency of plain food, of which milk forms an o'ertowering item; they are bathed daily; they are warmly clad; they are not overburdened with study.

Now for results.—

The home is the abode of peace. Sickness but rarely crosses the threshold. Sound repose is the portion of that household. The mother is contented, the father peaceful. The daughters are certain to marry well—they are so fresh, so happy, so ladylike, so natural!

Fred—the eldest—is an athlete at Cambridge. Already he shows symptoms of becoming, at no distant date, a family prop. Let any one dare to injure a hair of the head of father or mother! or to whisper a letter derogatory to either of his sisters! Fred would flay him alive!

At once the question arises, what is to be done in those exceptional cases where the mother would, willingly, suckle her infants, were it not that suppression of milk prevents her so doing. To this I reply—Few, very few, women are physically

incapable of performing the maternal function, provided only they will study their digestive organs, and obey general hygienic laws. I will illustrate this fact by stating a case.

In the first year of my practice, F. H. consulted me. She stated that she had already borne three children; and that her milk had left her, in each instance, when the child arrived at the age of six weeks. Of course she desired that, for many reasons, a similar misfortune should be, if such were a possibility, avoided during future lactations. Falling in with the customs of the day, I ordered her to eat plentifully of meat; also to drink half a bottleful of stout, in which two grains of quinine had been mixed, at each of the three meals—luncheon, dinner, and supper. Her milk disappeared as heretofore, though she carried out my injunctions to the very letter. She ceased to take medicine.

Some three months afterwards, I, incidentally, lighted upon F. H. She informed me that, a few days after last seeing me, she met a teetotal friend, who persuaded her, on the one hand, to abandon the use of alcoholics—also meat, except in very moderate quantities—and, on the other hand, to partake plentifully of vegetable diet, and to drink at least a quart of milk in the course of

each twenty-four hours; she added, that she followed her friend's advice, with the result that her milk not only reappeared, but flowed in abundant streams.

I stumbled across this patient, in London, some eight years since. She told me that she frequently, during the periods of successive sucklings, drank as much as two quarts of milk daily; and added that, so long as she continued to do so, she experienced no difficulty in suckling her infants.

It would be unworthy of me, either as a logician or a physician, to measure the universal by the standard of the particular. The details of this interesting case did, however, set me cogitating. Experience has since taught me, that, the number of women who are physically incapable of suckling their infants, provided they are willing to follow the example of F. H., is very small indeed.

What steps must be taken in cases where a mother either refuses to suckle her offspring, or is actually incapable of imparting the requisite amount of nutriment? The plan that must, under such circumstances, be followed, is—*In the absence of Nature, follow on her heels as closely as possible.* The outside foods best calcu-

lated to supply the place of human milk rank in the following order:—

1. Ass's milk.
2. Goat's milk.
3. Cow's milk.
4. Anglo-Swiss milk.

I am often requested to express an opinion as to the relative merits of the various kinds of Prepared Foods that are offered to the public, at the present day. I can only repeat that which I have already stated, viz., that an infant's stomach is constituted to digest human milk, and human milk *alone*—that is to say, animal food, *living*, and in the form most easily assimilable—and that, therefore, *vegetable* food, of any kind, must be, and is proved to be, more or less, unsuitable in character. I am frequently told that the constituent elements of the two kinds of food are identical. To this I reply that constituent elements, built in Nature's laboratory, produce resultants differing widely from those piled up in man's workshop; and that the *universality* of Nature's law, in reference to the nourishment of the young animal, proves it to be a matter not to be lightly set aside.

Many individuals point to leviathan-children, fed according to irrational principles, and, with



apparent reason, ask, how my assertion can be founded on truth whilst we see fed-children develop as such and such a child has grown.

My reply is five-fold in character. It is—

1. If it be desired that a child should develop into an *intelligent, superior* animal, let it be fed upon superior animal.

2. It is a mistake to imagine, that because an infant is a mountain of *flesh*, it is, therefore, a mountain of *health* also.

3. The physician alone is cognizant of the total number of children who die of improper feeding.

4. The death-rate amongst fed infants is ten times higher than amongst suckled children.

5. Though some few possess the vitality necessary to fight against unnatural surroundings; the majority will sink under their weight.

And now arises a further question. It is—What is the best food to administer to infants in cases where, on account of special circumstances, milk, in sufficient quantities, is unobtainable? I reply that all the Patented Foods *usually* answer *fairly* well. Lloyd's Universal Food is, in my opinion, almost without a rival, not only in the case of infants, but also for invalids of all ages. I use it largely in my own nursery; and recommend it extensively to my patients. These failing,

either baked flour or the Patent Corn Flour will stop a gap with tolerable efficiency. Any food that has undergone fermentation—and, therefore, *bread*—is to be, as much as possible, avoided. If alone available, it should be scalded at least twice, and the water employed poured off and thrown away. Thus the amount of ferment, present in the bread, will be reduced to a minimum.

Are spirits or soothing syrup never to be employed?—I am not unfrequently asked. I reply, *Never*, except under the direction of a qualified medical man; when, of course, they will be called into requisition for the purpose of meeting a temporary emergency, and their use abandoned as soon as the special circumstances that demanded their administration have ceased to exist.

Young children must not be permitted to encounter over-excitement. Their imperfectly developed nervous centres are unable to cope with an ordeal so trying in character. Every organ of the body suffers from an infliction of the kind mentioned. The results are convulsions, thirst, heat of skin, rapidity of pulse, vomiting, diarrhœa, spasmodic croup, insomnolence.

Now let us sketch a few of the results, both near and remote, of improper infant-feeding and

consequent indigestion, bringing in its train malnutrition :

1. Indigestion, gradual wasting. Death from actual starvation at the age of four months.

2. Indigestion, intestinal irritation. Death from diarrhœa at the age of six months.

3. Indigestion, irritation of the digestive tract. Death from convulsions during dentition.

4. Indigestion, permanent disorder of the digestive tract. Death from disease of kidneys at the age of five years.

5. Indigestion, rickets, curvature of bones—even of spine, permanent disfigurement. Early death.

6. Indigestion, formation of acid in the digestive organs. Rheumatic-fever, between the ages of six and eighteen. Death from disease of heart at the age of twenty-one.

7. Indigestion, water on the brain. Prolonged suffering. Death between the ages of two years and twenty.

CASE VI.—In the summer of 1880, I was consulted in reference to M. C., aged two years, the child of a watchmaker.

This child had been improperly fed from the hour of its birth. The result was that it obtained

no sound sleep ; but lived almost continuously in a state of tears and fidgets.

A very carefully regulated system of diet, reduced the child, in the course of about a week, to a state of something like normal placidity.

In the early spring of 1882 the mother of M. C. was compelled to spend forty-eight hours or so at the bedside of a dying relative.

Her instructions given in reference to the feeding of her child were not carried out during her absence from home. The result was that, on her return, weary from much travelling, she found M. C. in her former condition of unbearable restlessness. A resumption of a more suitable course of diet, however, speedily restored M. C. to her late happy condition both of body and mind.

*General Hygienic Considerations*, I shall, of course, touch upon in a future chapter.

## CHAPTER IX.

### OF THE INDIGESTION OF YOUTH.

THIS also is a more serious matter than the indigestion beginning in adult age, for the reason that it occurs whilst the body is still in a state of transitional development, and when, consequently, due nutrition is a matter of primary importance.

The boy is pallid and restless, usually drowsy, and unable to fix his attention upon his studies. His muscles become flabby; he begins to stoop; he appears loose about the knees; is irritable in temper, disinclined to mix in youthful sports, as of yore, his appetite is uncertain and depraved, and his repose is interrupted by dreams so frightful in character, that he absolutely dreads the approach of night.

Inappropriate diet, excessive book-work, evil practices, or terror either of the master or a dictatorial fellow-pupil, rapidity of growth,

foulness of air, or insufficiency of clothing, are the more common causes of the indigestion of youth.

This form of indigestion is, also, very amenable to treatment. Man has reason to congratulate himself on the existence of this fact, since youth, not age, is the season for successfully fighting the battle with indigestion.

*The treatment* consists in light diet, unlimited sleep, pure air, a sufficiency of outdoor exercise, daily ablutions, temporary remission of study; also the separation from any cause of terror that may exist.

The principal of every educational establishment should pass through a course of instruction in physiology, chemistry, and practical hygiene.

I hope to see the day when schools shall be registered, and placed under the surveillance of a qualified physician, who shall make a daily visit to each seminary.\*

\* See a three-page pamphlet on "Education," written by myself.

## CHAPTER X.

### THE GENERAL TREATMENT OF INDIGESTION IN THE ADULT.

ONCE more the whole domain of practice of therapeutics lies spread out before us. The various items constituting the treatment of indigestion should, in my opinion, be classified in the following order :—

1—and most important of all—A carefully regulated *Diet*.

2. *Baths* — *i.e.*, Hydropathy, scientifically applied.

3. *Mental* occupation of an engrossing character.

4. *Hygienic* considerations.

5. *Drugs*.

6. *Galvanism*, scientifically applied.

7. *Oxygen gas* (Inhalation of).

8. *Surgical interference*.

9. *Change of air and scene.*
10. *Sufficiency of clothing.*
11. *Mixing in society.*
12. *Scientific cookery.*
13. *The abandonment of tobacco-smoking.*
14. *The cultivation of music.*
15. *The employment of the sun-bath.*



## CHAPTER XI.

### ON DIET.

VOLUMES have been written in days gone by ; nay, doubtless, will be penned, in years to come, and that, too, by physicians of eminence, on the subject of diet in dyspepsia. To me it appears that, after all, the subject is included within a small boundary-line. The *rationale* of it all may be summed up in one sentence, viz., “The more nearly one’s digestive organs approach, in weakness, those of an infant, the more nearly must the diet approach that of an infant also.”

This is a fact, difficult of reception by the public at large ; nevertheless, it is a fact, and one, moreover, that any individual may, by calling his perceptive faculties into requisition, observe for himself. Maximinus was accustomed to eat forty pounds of meat, and drink six gallons of wine daily. Tarrare, a Frenchman, could, at the age of seventeen, devour a quarter of beef in twenty-

four hours ! A relative has seen a Derbyshire coal-miner lay a thick piece of raw steak upon a huge slice of bread, cut the two into fingers, and eat them thus. On the other hand, a mutual acquaintance can place her index on two middle-aged men (one of whom is a baronet, and consequently in a position, by mere length of pocket, to command every luxury of the table), who have learned in the hard school of physical suffering, that if they desire to enjoy even an approach to bodily comfort, their diet must consist exclusively of milk.

During the late sad Russo-Turkish War, the amount of food on which the subjects of the Sultan, not only fought like demons, but also enjoyed splendid health, was almost incredibly small. The Indian contingent, who took part in the Egyptian war just concluded, and whose physique was simply superb, were vegetarians and total abstainers. Nevertheless, they fought magnificently.

Dyspeptics must, most rigidly, abstain from the practice of taking suppers. The brain cannot sleep if the stomach be at work ; the stomach can work but imperfectly if the brain be asleep. The outcome of supper-eating consists in the generation of the irritating—nay, I may say

*poisonous* resultants of partially suspended digestion ; the symptoms, manifesting their presence in the circulation, are restlessness, horrible dreams : foulness of mouth, and debility the following morning.

The Grape-Cure has, within the last few years, done marvels to comers from every nation. Yet, what is its essence ? Simply this—That at Durkheim, in Germany, patients prostrated by various forms of disease, are received, and fed—all principally, many entirely—upon ripe grapes ; and, with results that are astonishingly good. They recover health with a rapidity that is scarcely to be credited by him who has not witnessed resurrections of the kind. Unfortunately, grapes, at Durkheim, as elsewhere, remain in season for two months in the year only ; unfortunately, also, the occurrence of disease is not limited to a certain season, hence this pleasant mode of cure lies within the reach of only a few of the sick ones of Europe.

Fortunately, however, milk—the grapes of the animal kingdom—remains in season the whole twelve months through. It is a most regrettable circumstance, that so comparatively few individuals can be induced to place full reliance on this all-sufficient article of diet—this truly power-

ful medicine. I can fully understand a dweller in a large city, refusing to partake of the milk of a cow, that passes its life in an urban shed. I should, myself, refuse to do so; knowing, as I must, that an animal, whose nature is to roam at large in the fields, can no more retain health under such conditions, than a man can enjoy freedom from disease, if confined in a cupboard both dark and dirty. Yet, I ask, what reason exists for urban-cowsheds in these days of railways and macadamized roads? Certainly the dwellers in agricultural districts may reckon upon a perfect immunity from so unwholesome an infliction.

The pea and bean tribe of plants supplies us with food, most nourishing in character. Lentils occupy, probably, the first position in this truly valuable family. It is generally believed that a certain Patent Food, that bears an African name, is composed entirely of lentils, ground to extreme fineness, thus exposing the greatest possible amount of surface to the action of the gastric juice. Yet, beyond doubt, the food in question has saved the lives of thousands of our fellow-countrymen. Why?—*Because it presents to debilitated digestive organs nourishment of a kind that is most easy of assimilation.*

I have, very frequently, been requested to enlighten patients, as to the comparative digestibility of various kinds of food. I will shortly draw up a table setting forth this matter; yet premising that digestibility is a relative term; also that that which is food to the many *may* prove poison to the few; and that, moreover, I write principally for the benefit of those who are inhabitants—not of foreign countries, but—of the British Islands.\*

For much of our knowledge in reference to the stomach portion of the digestive function we are indebted to the case of Alexis St. Martin.† He was a Canadian, of French descent; and, in 1822, received a wound in the stomach by the accidental discharge of a musket. His case is unique. Within three months, from the date of receipt of the injury, a natural valve had formed, which, on the one hand, entirely prevented efflux of food, but, on the other, admitted of being, readily,

\* Since penning the above paragraph, letters of consultation that have arrived from North America, Canada, India, South Australia, and New Zealand, convince me that the rules of diet that I lay down are susceptible of very general applicability.

† Alexis St. Martin is still (January, 1881) alive. He is far advanced in years, yet, in spite of the existence of the aperture in his stomach, enjoys very fair health.

pushed back, from without, by the finger of an operator. From experiments conducted upon him by Dr. Beaumont, his medical attendant, the following facts were obtained:—

| Article.                           |     |     | Mode of cooking. |     |     | Time occupied<br>in conversion<br>into chyme. |     |
|------------------------------------|-----|-----|------------------|-----|-----|-----------------------------------------------|-----|
|                                    |     |     |                  |     |     | h.                                            | m.  |
| Rice                               | ... | ... | Boiled           | ... | ... | 1                                             | 0   |
| Sago                               | ... | ... | „                | ... | ... | 1                                             | 45  |
| Tapioca                            | ... | ... | „                | ... | ... | 2                                             | 0   |
| Barley                             | ... | ... | „                | ... | ... | 2                                             | 0   |
| Bread                              | ... | ... | Baked (new)      | ... | ... | 3                                             | 0   |
| „                                  | ... | ... | „ (stale)        | ... | ... | 2                                             | 0   |
| Sponge-cake                        | ... | ... | „                | ... | ... | 2                                             | 30  |
| VEGETABLES—                        |     |     |                  |     |     |                                               |     |
| Cabbage                            | ... | ... | Raw              | ... | ... | 2                                             | 30* |
| Cabbage (Vinegar<br>much assisted) |     |     | Boiled           | ... | ... | 4                                             | 0*  |
| Potatoes                           | ... | ... | Roasted          | ... | ... | 2                                             | 30  |
| „                                  | ... | ... | Boiled           | ... | ... | 3                                             | 30  |
| Carrots                            | ... | ... | „                | ... | ... | 3                                             | 15  |
| Beets                              | ... | ... | „                | ... | ... | 3                                             | 45  |
| Turnips                            | ... | ... | „                | ... | ... | 3                                             | 30  |
| Beans                              | ... | ... | „                | ... | ... | 2                                             | 30  |
| Parsnips                           | ... | ... | „                | ... | ... | 2                                             | 31  |
| FRUIT—                             |     |     |                  |     |     |                                               |     |
| Apples                             | ... | ... | Sour and hard    | ... | ... | 2                                             | 50  |
| „                                  | ... | ... | Mellow           | ... | ... | 2                                             | 0   |
| „                                  | ... | ... | Sweet and ripe   | ... | ... | 1                                             | 30  |
| Peach                              | ... | ... | Mellow           | ... | ... | 1                                             | 30  |

\* I am inclined to the belief, held by many physiologists, that these figures should be transposed.

| Article.              | Mode of cooking.                    | Time occupied<br>in conversion<br>into chyme. |    |
|-----------------------|-------------------------------------|-----------------------------------------------|----|
|                       |                                     | h.                                            | m. |
| FISH AND SHELL-FISH.— |                                     |                                               |    |
| Trout ... ..          | Boiled or fried ...                 | 1                                             | 30 |
| Cod... ..             | Cured and boiled ...                | 2                                             | 0  |
| Oysters ... ..        | Undressed ... ..                    | 2                                             | 50 |
| „ ... ..              | Roasted ... ..                      | 3                                             | 15 |
| „ ... ..              | Stewed ... ..                       | 3                                             | 30 |
| Bass ... ..           | Broiled ... ..                      | 3                                             | 0  |
| Flounder ... ..       | Fried ... ..                        | 3                                             | 30 |
| Salmon ... ..         | Salted and boiled ...               | 4                                             | 0  |
| POULTRY, GAME, &c.—   |                                     |                                               |    |
| Turkey ... ..         | Roasted ... ..                      | 2                                             | 30 |
| „ ... ..              | Boiled ... ..                       | 2                                             | 35 |
| Goose (Wild) ...      | Roasted ... ..                      | 2                                             | 35 |
| Fowls (Domestic)      | Boiled or roasted ...               | 4                                             | 0  |
| Ducks (Tame) ...      | Roasted ... ..                      | 4                                             | 0  |
| „ (Wild) ... ..       | „ ... ..                            | 4                                             | 30 |
| BUTCHERS' MEAT, &c.   |                                     |                                               |    |
| Soused Tripe ...      | Fried or boiled ...                 | 1                                             | 0  |
| Pigs' Feet... ..      | Boiled ... ..                       | 1                                             | 0  |
| Venison Steak ...     | Broiled ... ..                      | 1                                             | 35 |
| Calf's Liver ...      | „ ... ..                            | 2                                             | 0  |
| Lamb's „ ... ..       | „ ... ..                            | 2                                             | 0  |
| Sucking Pig ...       | Baked ... ..                        | 2                                             | 30 |
| Mutton ... ..         | Broiled ... ..                      | 3                                             | 0  |
| „ ... ..              | Boiled .. ..                        | 3                                             | 0  |
| „ ... ..              | Roast ... ..                        | 3                                             | 15 |
| Beef (Fresh) ...      | Broiled ... ..                      | 3                                             | 0  |
| „ ... ..              | Roasted ... ..                      | 3                                             | 0  |
| „ ... ..              | Lightly salted and<br>boiled ... .. | 3                                             | 36 |
| „ ... ..              | Old hard salted ...                 | 4                                             | 15 |
| Pork Steak ...        | Broiled ... ..                      | 3                                             | 15 |

| Article.                          | Mode of cooking.                   | Time occupied<br>in conversion<br>into chyme. |    |
|-----------------------------------|------------------------------------|-----------------------------------------------|----|
|                                   |                                    | h.                                            | m. |
| Pork ... ..                       | Lately salted and<br>boiled ... .. | 4                                             | 30 |
| „ ... ..                          | Stewed ... ..                      | 3                                             | 0  |
| „ ... ..                          | Roast ... ..                       | 5                                             | 15 |
| Veal ... ..                       | Broiled ... ..                     | 4                                             | 0  |
| „ ... ..                          | Fried ... ..                       | 4                                             | 30 |
| VARIETIES—                        |                                    |                                               |    |
| Eggs ... ..                       | Raw ... ..                         | 2                                             | 0  |
| „ ... ..                          | Roasted ... ..                     | 2                                             | 15 |
| „ ... ..                          | Soft-boiled ... ..                 | 3                                             | 0  |
| „ ... ..                          | Hard-boiled or fried               | 3                                             | 30 |
| Custard ... ..                    | Baked ... ..                       | 2                                             | 45 |
| Milk ... ..                       | Uncooked ... ..                    | 2                                             | 0  |
| Butter and cheese                 | Uncooked ... ..                    | 3                                             | 30 |
| Suet ... ..                       | Boiled ... ..                      | 4                                             | 30 |
| Oil ... ..                        | Uncooked ... ..                    | Rather longer                                 |    |
| Apple Dumplings...                | Boiled ... ..                      | 3                                             | 0  |
| White Calf's-foot<br>Jelly ... .. | Uncooked ... ..                    | Rather more<br>than 30m.                      |    |

Of course, inasmuch as we, in England, are not Canadians by birth, do not reside in the clear though biting Canadian climate, nor feed upon the fruits of Canadian soil, it behoves us to use caution and judgment in applying a standard, like that of St. Martin, to our own requirements. Without doubt, however, this table is, as a whole, and as above stated, susceptible of a near approach



to general applicability. If called upon to draw up a table suited to the requirements of the white races, and arranged according to digestibility, I should set down my articles of diet in the following order:—

## FRUITS.

|                                 |                                 |
|---------------------------------|---------------------------------|
| Grapes. Then—after a long gap — | Cherries.                       |
| Strawberries.                   | Currants, Red.                  |
| Pears.                          | „ White.                        |
| Oranges.                        | „ Black.                        |
| Melon.                          | Gooseberries.                   |
| Raspberries.                    | Apples (ripe).                  |
| Mulberries.                     | Almonds (blanched) and Raisins. |
| Greengages.                     | Figs.                           |
| Nectarines.                     | Almond-Nuts.                    |
| Peaches.                        | Barcelonas.                     |
| Pine Apples.                    | Brazils.                        |

## VEGETABLES.

|                    |                                      |
|--------------------|--------------------------------------|
| Lentils.           | Potatoes.                            |
| French-Beans.      | Parsnips.                            |
| Scarlet-Runners.   | Carrots.                             |
| Vegetable-Marrows. | Broad Beans.                         |
| Cauliflowers.      | Cucumber.                            |
| Broccoli.          | Herbs containing essential oils, as— |
| Peas.              | Mint.                                |
| Celery (stewed).   | Thyme.                               |
| Artichokes.        | Sage.                                |
| Spanish Onions.    | Marjoram.                            |
| Lettuces.          |                                      |

## FISH.

|          |                |
|----------|----------------|
| Turtle.  | Turbot.        |
| Oysters. | Sole (boiled). |
| Eels.    | „ (fried).     |

FISH—*continued.*

|                   |           |
|-------------------|-----------|
| Brill.            | Cod.      |
| Herrings (fresh). | Mackerel. |
| Bloaters.         | Shrimps.  |
| Plaice.           | Lobster.  |
| Salmon.           | Crab.     |

## POULTRY.

|                  |        |
|------------------|--------|
| Chicken.         | Duck.  |
| Turkey (boiled). | Goose. |
| „ (roast).       |        |

## GAME.

|              |                |
|--------------|----------------|
| Pheasant.    | Snipe.         |
| Partridge.   | Ptarmigan.     |
| Prairie Hen. | Hare.          |
| Grouse.      | Rabbit (Wild). |
| Woodcock.    |                |

## FLESH.

|                          |                        |
|--------------------------|------------------------|
| Mutton (boiled).         | Beef, Round (roasted). |
| Beef „                   | „ Ribs „               |
| Mutton (roasted).        | Lamb.                  |
| Beef, Sirloin (roasted). | Veal.                  |

## ANIMAL FOODS.

|                  |                |
|------------------|----------------|
| Butter (fresh).* | Butter (salt). |
|------------------|----------------|

## CHEESE.

|                  |               |
|------------------|---------------|
| Glo'ster.        | Dutch (good). |
| Gruyère.         | Stilton.      |
| American (good). |               |

\* It behoves the dyspeptic to use great care in the selection of butter. Probably no article of diet is more adulterated.

## FARINACEOUS.

|               |             |
|---------------|-------------|
| Arrowroot.*   | Maccaroni.  |
| Rice, Ground. | Vermicelli. |
| „ Whole.      | Semolina.   |
| Tapioca.      | Corn-flour. |

## PRESERVES.

|                    |                 |
|--------------------|-----------------|
| Red Currant Jelly. | Pine Apple Jam. |
| Black Currant „    | Apricot „       |
| Greengage Jam.†    | Red Currant „   |
| Strawberry „       | Gooseberry „    |
| Raspberry „        | Plum „          |
| Blackberry „       | Damson „        |

The dyspeptic must make up his mind, when he places himself under treatment, to obey the injunctions of his doctor even when they run counter to the wishes of friends and relatives. The moment the latter see him losing flesh, they begin to experience alarm; apparently, they are unable to realize the fact, that the adipose tissue of the sufferer from indigestion, is usually unhealthy in character, and that he is better without it;—that it, like the deposits of rheumatism and gout, lies outside the circulation, and as a consequence, practically outside the body also; that Nature's object is to eject it from the blood, inas-

\* It is not generally known, nevertheless it is a fact, that high-class arrowroot retains its semi-solidity even when it has been allowed to become cold.

† Jams possessing a good brand should alone be purchased. The foundation of the commoner sorts is either vegetable-marrow or turnip.

much as if retained therein, it brings death in its train. Seldom, indeed, can they be brought to believe that a few ounces of properly selected nourishment will afford more nutriment than many pounds taken haphazard. Yet such is the fact. A trifling amount of indulgence at one meal, will, frequently, undo the benign work of days of self-denial.

#### NON-ALCOHOLIC BEVERAGES.

|                                                                                         |                         |
|-----------------------------------------------------------------------------------------|-------------------------|
| Water (if impure, boiled and filtered through charcoal, or, better still, spongy-iron). | Coffee with Dandelion.  |
| Cocoatina (Schweitzer's).                                                               | Coffee and Chicory.     |
| Cocoa (Epps').                                                                          | „ (French).             |
| Cocoa (Van-Houten's).                                                                   | „ (English).            |
| Cocoa (commoner varieties of).                                                          | Soda Water.             |
| Tea (cold infusion of, heated to desired temperature).                                  | Ginger Beer (aërated).  |
| Tea (hot infusion of).                                                                  | „ (as usually sold).    |
|                                                                                         | Lemonade.               |
|                                                                                         | Seltzer Water.          |
|                                                                                         | Beckitt's Fruit Syrups. |
|                                                                                         | Ginger Wine.*           |

#### ALCOHOLICS.

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| Brandy (diluted to extreme tenuity).   | Sherry (old and dry).             |
| Whisky (diluted to extreme tenuity).   | „ (recent).                       |
| Clarets.                               | Rum (diluted to extreme tenuity). |
| Light Wines (Continental, high-class). | Light Ale.                        |
| Gin (diluted to extreme tenuity).      | Strong „                          |
|                                        | Porter.                           |
|                                        | Stout.                            |
|                                        | Port (old and dry).               |

\* Ginger wine contains so trifling an amount of alcohol that I prefer to write of it as a non-alcoholic beverage.

Messrs. William Rankin & Son, wine merchants, of

It is needless to add that, in the preparation of a list, suited to the dimensions of a book the size of that which I am now penning, I can only allot sufficient space wherein to mention the articles of diet in more general use. For the second time, I impress upon my readers that I can deal but with generalities—that, in exceptional cases, the old adage, to the effect that that which is one man's meat is another man's poison, is literal truth.

In regard to alcoholics, the dyspeptic may safely adopt the broad principle that the less alcohol he imbibes the better for his digestion. Dr. Beaumont's experiments performed upon Alexis St. Martin, already mentioned, proved that the ingestion of even a very small quantity of this fluid *invariably* induced inflammation of the lining membrane of the stomach. My own observations entirely support those of Dr. Beaumont.

One marked result of the treatment of indigestion, by means of diet and hydropathy, consists in the voluntary abandonment of alcoholics by the patient.

Kilnarnock, sell a high-class rich, pale, ginger wine, which I have found admirably suited to the requirements of dyspeptics.

Messrs. Beaufoy, of London, have sent me a very nice sample of inexpensive ginger wine.

I must not pass from the subject of drinks in dyspepsia without writing a few words on the beverages usually found on the breakfast and tea table.

Schweitzer's cocoatina, when brewed weak, and drowned in milk, is as grateful to an irritable stomach, as it is nourishing to the body. Next in order, comes Epps's Cocoa, then Van Houten's, and, finally, the numerous preparations of the bean, that appear in the market. It is a most exceptional event to meet with a dyspeptic whom cocoatina does not suit. When brewed in strength cocoatina possesses a bitter taste, and under these circumstances, is sometimes found to disagree with him. The process of boiling much increases its assimilability.

Coffee, either conjoined with, or separate from, chicory, scalds the stomachs of the great majority of dyspeptics. Herbert's coffee; also the taraxacum and coffee, are the least irritating forms of the berry.

Tea is, as a rule, most sedulously to be avoided by dyspeptics. Not one in fifty can partake of it without paying a most severe penalty for his indulgence. The symptoms that follow its use are—depression of spirits, frequently amounting to melancholia; flatulence;

foulness of mouth ; shortness of breath ; insomnia ; temporary suppression of urine ; tremulousness of muscles ; colonic spasms ; a scalding sensation in the stomach, and acid risings.

Many dyspeptics absolutely refuse to abandon the use of tea. Under such circumstances, it behoves the physician, to devise means by which the injurious effects of the beverage may be reduced to a minimum. This object is, in my opinion, most easy of attainment, by using high-class leaf, and infusing it with *cold* distilled water. The latter being unattainable, I recommend the substitution of rain-water, boiled, allowed to stand till cold, and then filtered through charcoal or spongy-iron. The infusion may be heated, as required, to the desired temperature. By a recourse to these measures a considerable amount of flavor is obtainable, yet conjoined with the minimum of astringent principle.

It is seldom necessary to allow the water to remain on the tea for a longer period than two hours.

Another plan is to infuse the tea with hot water in a coffee-percolator, and to drink the infusion as soon as it has passed into the receiver.

A third is to pour the infusion into a second tea-pot five minutes after infusing the leaf.

Messrs. Phillips and Co., tea dealers, of King William Street, London; also Mr. Scott, tea dealer, of Canterbury, have afforded me valuable aid in experimenting with various kinds of tea. Both firms have sent me fine specimens of leaf. The Kaisow Congou of the former; and the blend of Kaisow Congou with Assam Pekoe, supplied by the latter, are, to my judgment, particularly little unsuited to the sensitive stomachs of dyspeptics. Doubtless, however, it is scarcely necessary for me to warn the reader that no low-priced teas may be indulged in. As far as I can learn from dealers, four shillings per pound may be safely set down as the minimum sum that they should pay for their tea.

The Chinese and the Russians are the most extensive consumers of tea in the world. Neither the one nor the other would, however, be content to make use of the inferior qualities of the leaf with which the English market is glutted.

Messrs. Phillips have also sent me a specimen of dandelion-coffee. This appears to be a considerable improvement upon the crude berry. It is not, however, palatable. Possibly this insufficiency may be, in due course, remedied.



THE MODE OF COOKING the food of a sufferer from dyspepsia is a matter not to be lightly passed over. Thus, meats should be placed on table, either hot or cold, roasted, boiled, or steamed—never baked, never twice cooked, never cooked enclosed in a crust. In the case of pastry, the fruit should be prepared separately from the crust, and spread upon it shortly before eating.

The cooking utensils must be maintained in a state of absolute cleanliness. The mistress of every household should charge herself with the surveillance of this very important matter.

No doubt exists as to the truth of the assertion that digestion begins in the kitchen. One might, indeed, with safety, go much further back even than this.

## CHAPTER XII.

### BATHING.

A BRIEF sketch of the skin and its functions, is a necessary introduction to the hygienic consideration of the question of indigestion.

The skin is composed of three layers, viz., the Epidermis, or covering; the Basement Membrane; and the True Skin.

The last is that which, principally, concerns us, at the present moment. It covers the whole surface of the body, and is liberally supplied with blood-vessels and nerves. These endow it with acute sensibility, and enable it to excrete fluids from its surface. It possesses the threefold power of tension, extensibility, and contractility.

The Perspiration is derived from the *sudoriferous* glands. These exist in almost every portion of the skin, and discharge their contents through openings, or *pores*. High authority sets down the number of pores, of an ordinary sized body, as

7,000,000 ; and the length of tubing that composes these glands at twenty-eight miles. The average quantity of perspiration cast off by the pores is believed to amount to two and a half pounds in the course of twenty-four hours.

A vast amount of impurity is eliminated from the economy through the medium of the skin. It is, in fact, one of the sewers of the body. In consequence, however, of the variations in atmospheric influences, and also of the insufficient use of the bath, it is a most rare occurrence, to meet with an individual, whose skin discharges its functions with, even, medium efficiency. The result is, that much work to which they are unsuited, is thrown upon the internal or mucous membranes, congestion of which, as a natural result, follows.

Mucous membrane very nearly resembles skin ; so closely, indeed, that if everted and kept dry, it speedily assumes the characteristics of integument. On the other hand, skin, if inverted and kept moist, speedily puts on the appearance of mucous membrane. The whole of the skin secretes an acid humor ; the whole of the mucous membrane of the alimentary canal, with the exception of that of the stomach, gives birth to one that is alkaline.

Even in health, but more particularly in disease, the due performance of the functions of the skin, is a matter of primary importance. The investing membrane is the regulator of the temperature of the body; and also the principal safety-valve for discharge of diseases or disorders of the internal organs. Whatever agency directly affects either of these membranes, indirectly influences the other also.

Theoretically, it is a matter of paramount importance that the functions of the skin should be maintained in a healthy condition. This is found, practically, to be absolutely true.

The skin of the adult, is, when in a state of health, almost as soft as that of a young child. Let us, however, examine the integument of almost any individual, and we find it in the opposite condition to that in which it should be found. Nature has, however, provided a remedy, as abundant as it is inexpensive, for this universal disorder. This is Water, used at various temperatures, and applied by hands that have studied the profession from its first rudiments. I have no faith—and that, too, not without reason—in amateur hydropathy. I am satisfied, that, unqualified aspirants to hydropathic honors inflict not only temporary pain, but

also permanent mischief upon their too-reliant patients.

I recommend every sufferer from indigestion to try, in his own person, the two experiments now to be suggested.

1. Let him enter a water-bath, the contents of which, have been raised to a temperature, as high as he can comfortably tolerate, and let him invite a second person to knead him thoroughly, whilst reclining therein, from head to foot. As a result, the amount of impurity, that the operator will extract from the pores of the bather, will be so large that the patient will shudder with disgust ; or

2. Let him get into a bath of similar character, and both soap and scrub himself thoroughly—the latter either with a rough-glove or a flesh-brush,—also from head to foot. After the lapse of fifteen minutes, let him leave the bath. When sufficient time has elapsed to permit of the subsidence of solid matter, let him pour away the water, leaving only the dregs in the bath. He will stand astonished at the quantity of impurity that he has removed from the surface of his body.

Surprise, No. 3, will be his portion when, by passing his hand gently over his skin, he realizes

the velvety softness of surface that he has acquired.

Should he, after immersion, feel weak and exhausted, he may restore himself, to his pristine strength, either by taking a shower-bath, or sponging, with cold water, from head to foot.

If one of my readers desires to prove, *in propriâ personâ*, the tonic powers of water, used in its natural condition, let him try one or more of the following experiments:—

1. Let him plunge into cold water, and come out therefrom, as speedily as possible ; or

2. Let him take a shower-bath three seconds of time in duration. Or, fearing either of the above courses,

3. Let him request a friend, the latter having caught him whilst sleeping, to let fall upon his face a single drop of cold water. He will thus discover that as soon as the water touches his skin, a sensation of intense coldness will be induced, which coldness will, however, after the lapse of a few moments, be succeeded by a glow, more or less permanent in duration.

If, as the hour of refection approaches, he feels totally disinclined to eat, let him take a vapor-bath, followed by the cold sponge or the cold shower. By these means he will relieve internal

congestion, and, in all probability, feel that he can enjoy a good meal.

If appetite fails to return, he may rest assured that his system does not stand in need of food.

If a dyspeptic partakes freely of indigestible food—say meat-pudding—or drinks a couple of glasses of port wine, he frequently finds that a sensation of general flaccidity, accompanied by a feeling as of greasiness of skin, overtakes him. Let him, under these circumstances, sponge from head to foot, or, even, sluice his face with cold water, and apply a large sponge, partially wrung out, to his abdomen, retaining it in position for about fifteen minutes. He will find, as a result, that his unnatural sensations have been, to a great extent, dispelled.

When heated and applied to the skin for a brief period—say, two or three minutes—water draws the blood to the surface; if maintained in contact therewith, for a prolonged period—say fifteen to twenty—it is a powerful depressant. If applied cold, and for the duration of a few minutes only, it is a vigorous tonic; but if applied for a long period, it becomes an energetic depressant.

Beyond question, every individual who enjoys a fair share of vitality, ought, if he regards the

preservation of his health, to wash from head to foot, daily, upon rising from bed. The mucous membranes are continuous with the skin, and, as already stated, are very similar in structure. Whatever affects the one, necessarily, therefore, affects the other.

An old proverb asserts that the man who laughs, must, of necessity, and as a consequence, grow fat. This statement, contains, however, but partial truth. The fact is, that the individual who will take the trouble to get his digestive apparatus into good working order, will not only acquire reasonable rotundity, but will also become more or less hilarious.

The Forms of bath most useful in indigestion are—

1. The Russian vapor-bath.
2. The Turkish-bath.
3. The Hot-air-bath.
4. The ordinary Steam-bath.
5. The Cabinet Turkish-bath.
6. The indoor portable Turkish-bath, as it is generally called.

I have arranged them in order of merit. The last I scarcely care to mention, (1) Inasmuch as it is too feeble to be productive of real



benefit; and (2) because its employment always involves the peril of setting fire to the surroundings of the patient.

*Cold baths* I classify as follows:—

1. The Cold Plunge fresh-water bath.

Advisedly, I write *fresh* water, it being my experience, after a prolonged term of residence at the seaside, that *salt-water* baths do not suit dyspeptics.

2. The Shower-bath.

This is a most invigorating tonic in cases where the shock it induces can be tolerated.

3. The Sitz or hip-bath.

This also is a tonic of no mean power. It is most serviceable in cases where the debility appears principally to invade the lower portions of the body, as, *e.g.*, in cases of congestion of the hæmorrhoidal veins, and in prolapsus of the womb or lower bowel.

4. The Hand-basin-and-sponge bath.

The last-named is the most useful, because it is at all times obtainable; because inexpensive; and because, in no degree, calculated to impart a shock to the nervous systems of dyspeptics, the enormous majority of whom are keenly sensitive. It does not possess the power to unload a blocked skin; but it will maintain it, when unloaded by

more powerful measures, in reasonably good working order, thus enabling the pores to open at the approach of warmth, and to close at the approach of cold. Cold baths of all kinds, are great safeguards against the taking of a chill. Only those individuals who feel in a glow upon emerging therefrom should resort to the use of the cold bath. When the latter causes blueness of surface, shiverings, or temporary death of extremities, it must not be taken. In such cases the patient may warm the water he employs, according to his requirements.

A course of Vapor-baths will, usually, speedily put a point to the unhealthy condition of skin just recorded.

The Ascending Douche is most useful in cases of prolapsus of the bowel or womb; in piles, thread-worms, and inability to retain urine for the normal period; also in impotence dependent upon nervine atony.

The sensitiveness of every portion of an individual not afflicted with organic disease, is directly proportionate to the sensitiveness of his digestive organs.

I so often mention the Russian vapor-bath in my pages, that it behoves me, I take it, to write a few lines in reference both to the mode of

construction and the therapeutic action of the apparatus.

It consists of a wooden chamber, about six feet in length, three in depth, and six in height. It is lined with metal, and contains a galvanized-iron couch. Upon this couch, when covered with blankets, the patient reclines. It is provided with windows, also with a ventilator fitted to the roof. Owing to the existence of the latter, the patient is enabled to bring the temperature of the bath into harmony with his own sensations.

Upon emerging therefrom, he may proceed to cool himself by means of either the needle- or the shower-bath; or, if he prefer so doing, may sponge thoroughly with warm or cold water.

The head of the patient being included in the bath, the lining membrane even of the nasal passages, throat and lungs, is exposed to the healing action of the vapor.

It secures a uniformity of perspiration, and that, too, at a temperature rarely exceeding  $115^{\circ}$ .

A resort to temperatures so exalted as  $150^{\circ}$ ,  $160^{\circ}$ ,  $170^{\circ}$ , as is the case when the Turkish-bath is employed, is never found necessary.

It is the most powerful of the baths that I am acquainted with in regard to therapeutic results. Its drawbacks are that it is cumbersome; should

be built as a fixture; and necessitates the expenditure of two hours of time in the process of satisfactorily getting up steam.

One patient only is bathed at a time; hence all fear of inspiring infection is done away with.

It is readily susceptible of disinfection should occasion require.

The bath is, contrary to popular belief, *in no sense*, a depressing agent. By withdrawing impurities, which are causes of depression, it becomes a most invigorating tonic.

The process of taking a bath occupies only about half an hour. Hence, individuals whose time is, already, fully occupied,—such as heads of business-houses and mothers of families,—are not debarred from its use.

Inasmuch as the patient assumes the recumbent posture, whilst taking the bath, all tendency to palpitation or faintness is done away with.

It is arranged in such a manner as to admit of the addition of medication, as with sulphur or herbs; or the use of electricity.

By unlocking the pores of the skin, it removes all sensation of chilliness; it renders the patient intolerant of excessive clothing; and, *usually*, destroys his craving for alcoholic stimulants.

I may add that I have succeeded in perfecting

a cupboard-form of the bath, which takes to pieces, and thus becomes portable. The result is, that individuals who are too infirm to travel to it, may have it carried to them. Gas, or, when that is unobtainable, Gasoline, forms the heating agent in this case.

Those patients who are, however, compelled to rest content with a substitute for either the Russian or the Turkish-bath, will, I think, do well to purchase from Messrs. Ellis & Co., 165, Fleet Street, E.C., one of their Cabinet Turkish-baths.

In conclusion, and *en passant*, I may mention that the Russian-bath is as potent an engine for good in the treatment of rheumatism and gout—each the offspring of dyspepsia—as it is in the alleviation of indigestion itself.

The uninitiated are somewhat apt to assert, that hydropathic treatment is, from its very nature, susceptible of but extremely limited application. Now, whilst freely admitting that such gigantic appliances as the Russian and the Turkish-bath lie only within the reach of the few, I must, nevertheless, remind the complainant that the greater portion of the water-treatment lies within the reach of every man. Thus—Who cannot apply the pack in his own bedroom? What man is unable to resort to

the use of the compress? Who is debarred the hot-water bath? What individual is so straitened in means as to be unable to extemporize a vapor-bath of no mean power, by the simple process of 'placing a heated brick in a pailful of hot water, and sitting over it, whilst enveloped by blankets? Or so empty in purse as to be compelled to forego a hot-air bath called into existence by seating himself a little above the level of a couple of bricks heated and laid across the stand of a flat iron? Again, is the soap-and-water bath a luxury of the rich man alone? Or the cold sponge-bath an appliance forbidden to the million? Will not even a hank of tow, or a discarded stocking, do duty for a sponge? The *fact* is, that water-medication is as generally applicable as it is potent and inexpensive.

Can any non-dyspeptic individual gauge the amount of comfort that his less fortunate brother derives from permitting a stream of cold water to flow into his palms, for the space of a few minutes, when a portion of his organism (be it ears, face, stomach, feet, or hands) is of fiery heat in consequence of indigestion?

To *PACK a patient*.—Envelope him in a sheet that has been previously dipped in tepid water,

then wrung nearly dry. Wrap him in a dry blanket, and cover him with three or four others. Tuck a down coverlet over all. Let him remain packed for a period of thirty to sixty minutes, according to the sudorific effect produced. Remove every covering, dry him, sponge him over with cold water. Dry him a second time. Let him rest.

## CHAPTER XIII.

### MENTAL OCCUPATION.

THE *curse* of Work, was one of the many blessings conferred, in a disguised form, by the Deity upon man, at the time of his Fall. No class of men suffer more heavily, under the depressing influence of idleness, than the dyspeptic. With them, occupation, of such a character as shall *engross* not only their thoughts but their time also, leaving no idle hours wherein to brood over their ten thousand unpleasant sensations, is a matter almost of life, certainly of comfort. Industry generates an electrical fire in the brain, that sends nerve-force to the fingers' tips, bearing renewed life in its current.

It is, of course, desirable that the prescribed occupation should, if possible, stop short of overtaxation of the physical powers of the individual; still—better even excess of toil



than destructive idleness. Their rest should consist in a variation of occupation.

They must carefully avoid the perusal of professional literature, as they are certain to consider themselves the victims of every disease of which the volume treats. Under no possible concatenation of events may they study the quack publications of those disreputable advertisers, who sell their brochures below cost price, and whose object is to entrap the sensitive and the unwary into unlimited mental anxiety and consequent wholesale outlay. Light novels bore them; they cannot condescend to such trivialities. Works treating of history and science are commonly the mental pabulum best suited to their requirements.

## CHAPTER XIV.

### HYGIENIC CONSIDERATIONS.

*Pure Air.*—This is a most important matter. The more nearly a dyspeptic can live in pure air, the less he will suffer. If he can, without taking cold, even sleep with the upper sash of his window lowered to the extent of two or three inches, it is very advisable that he should do so. A residence out of town is, when possible, to be secured.

He should refrain from burning gas either in bed- or sitting-room. If compelled to use it in his office, he should take care that the gasalier is arranged in such a manner that the products of combustion may either ascend a chimney or pass through perforations in the ceiling, so as to be, at once, conveyed to the exterior of the premises. The forthcoming days of electric-lighting will be happy for the dyspeptic.

The obtaining of fresh air, *without draught*, and, at a minimum of expense, is, at all times, a problem difficult of solution. The most inexpensive plan is, to raise the lower window-sash about two inches, and to place beneath it a piece of wood *exactly filling* the opening thus created. By these means the air enters between the two sashes, and is directed upwards to the ceiling.

Heavy furniture should not be placed in front of a window. Practical experience demonstrates the fact that the upper sash is never lowered unless it is get-at-able. In cases where such an arrangement proves inevitable, an endless rope, knotted to a staple affixed to the top of the frame of the sash in question, passing over a pulley screwed into the top of the casement, and hanging within *easy reach* of the hand of a domestic, proves a great inciter to the admission of fresh air.

*Sewer Gas* is destructive to the sufferer from indigestion. He should take steps to ascertain that no uninterrupted communication exists between the main drainage and the interior of his premises. His sewer-pipes should be placed without his house, and made of earthenware. Even the joints of the rain-water pipes should

be most carefully stopped, and that, moreover, to the very roof of the house. It is most important, in these days of lax building, that the head of each family should ascertain for himself that they are all properly *connected with* the sewers. Drain pipes should not be laid from front to back of the house, but should pass along both the back and the front thereof.

Water-closets have no right of existence whatsoever inside dwelling-houses—certainly they should not be tolerated near dormitories. If placed within the outer walls, a ventilating shaft should be carried from a point below the valve of the soil pipe to the highest line of the roof. This shaft should not be attached to a chimney-stack lest it prove the means of admitting foul gas to a dormitory through the medium of the chimney of the apartment.

Let us, however, do what we may, water-closets will frequently smell, more particularly during the occurrence of rainy weather. The one safe course is to place them outside the house.

The traps of drains should be kept, at all times, in their places. No refuse-matter, either animal or vegetable, should be permitted to remain in or near the premises. All such should be thrown on to the fire and destroyed, as

soon as it becomes refuse. No live stock should be allowed to dwell in proximity to the house. The house should be surrounded by grass and flowers, and, at a short distance, by trees also, because the vegetable kingdom absorbs impure gases and gives out oxygen. Clothes-washing, mangling, and ironing should be done on the premises, thus avoiding the probability of contamination at the dwelling of a laundress.

The house should stand either on gravel, chalk, or sand, and in an elevated position; in no case, either upon clay or upon a site that has been, at any known period, the abode of impurity, such as, (*e.g.*,) a rubbish-heap or a dried-ditch. It should face south; and, if situated in a town, should stand at the western end thereof. It should also be sheltered from both the east and the north wind. The water-supply should be obtained from the works of a public company, never from a well, inasmuch as well-water is frequently found to be contaminated with percolations derived from factories, cesspools, churchyards, or even adjacent dwellings. The drinking-water cistern should be made either of galvanized-iron or of slate, and should be kept carefully covered. It should be placed within easy reach of the members of the household, thoroughly cleansed at

intervals not exceeding three months, and its locale should be set, as far distant as possible, from a water-closet. The over-flow pipe must have no direct communication with the sewers.

Even spring-water frequently receives contaminations as it flows; hence, in country districts, if doubt arise on this point, rain-water, boiled and filtered through charcoal, or, and better still, porous iron, should be used, not only for drinking, but also for cooking purposes.

No *Paper* should be allowed to hang on the walls of rooms. The latter should be annually washed with a solution of slaked-lime, colored according to taste.

The admission of plentiful *Light* is a matter not to be overlooked. Neither animal nor vegetable can flourish in the absence thereof. The Italian proverb, "Where the sun does not come the doctor does," is literally correct. Blinds should be drawn to the top of the windows, and curtains thrown back.

*Excessive heat*—either fire or solar—is extremely enervating to the dyspeptic. During the hot months of the year, he should dress in white outer garments, and wear a light hat made of straw, undyed and loosely-plaited. He should

avoid heated and crowded rooms, and should, frequently, have recourse to the bath. Venetian sun-shades are a great comfort to a sufferer from indigestion.

He should spread out all his bed-clothes to air the moment that he leaves his bed. At night, he should hang up all his day-attire for the same purpose. On the other hand, he should be careful, during *cold* weather, to keep his chest—but more particularly his abdomen—well protected. He need not, as a rule, irritate his skin by wearing a *flannel*-vest next thereto, provided that he uses the bath daily. Merino vests, also chamois-leather, are very useful. Chilly dyspeptics may wear either the furry skins of animals or the fleecy-wool hosiery.

Cork-soles worn in the boots will shield the dyspeptic from many an attack of indigestion.

Those inclined to suffer from rheumatism will avoid much trouble by wearing Cording's waterproof boots during snowy or even very rainy weather. It is advisable, under these latter circumstances, to wear woollen stockings conjointly with waterproof coverings for the feet. It is preferable that not only the waistcoat, but the upper portion of the trousers also, should be lined with cricketing-flannel.

*Tobacco* is a narcotic, sedative poison, and should not be used by the dyspeptic. That it destroys appetite, by paralyzing the minute extremities of the nerves of the digestive tract, is an established fact. These nerves are far too highly organized to endure, without reprisal, tampering with in such a manner. The sickening process through which smokers pass during their early attempts to reach brevet-rank, tells a long tale as to the antagonism that naturally exists between tobacco and the human economy.



## CHAPTER XV.

### DRUGS.

DRUGS should, in the treatment of indigestion, be, as much as possible, dispensed with. The dyspeptic invariably possesses a highly sensitive digestive tract, lined with membranes that are, usually, intolerant of medicines. Consequently, he should refrain from taking physic, except under medical supervision. Yet drugs, *when exhibited by skilled hands*, are undoubtedly valuable *accessory* means—nay, will in many cases alleviate, in the few, cure.

The drugs most commonly used for the cure of dyspepsia are—Pepsine, the digestive principle of the gastric juice; lactopeptine, and pancreatine; ginger, rhubarb, ipecacuanha; bismuth, opium, hydrocyanic acid; ice, morphia, and carbonic acid; soda—both bicarbonate and sulphate—potash, and magnesia; tincture or infusion of orange, of cascarilla, of calumba, of gentian, of

hops, of chiretta, and of cinchona ; quinine ; salicine ; nitric, hydrochloric, phosphoric, citric, and sulphuric acids ; phosphorus, strychnine, morphia ; iron—more especially the ammonio-citrate, the ammonio-tartrate, and the lactate ; cod-liver oil ; sulphuric ether and ammonia ; hyposulphite of lime, permanganate of potash, and carbolic acid ; wood charcoal, silver, zinc, aconite, pure oxide of manganese ; mineral waters. Castor oil, with essential oil of almonds ; colocynth ; rhubarb-pill ; sulphur combined with magnesia and ginger.

The difficulty that meets us in the treatment of indigestion by means of drugs, is, that their action varies with individuals—nay, with the same individual at different seasons. I confess that I have not yet succeeded in discovering a test, by means of which to prophesy, *for certainty*, whether acids or alkalies will prove the more appropriate remedy in a given case. In fact, I generally put to each patient the leading question : “ Do you crave for sour things ? ” If he answer affirmatively, I begin with acids ; if negatively,—and this happens in the great majority of cases—I administer alkalies. Nevertheless, the answer given does not prove by any means an unerring guide.

Frequently do I find that the individual who affirms his inability to tolerate the presence of acids in his stomach, improves rapidly under the administration of lemon-juice. In fact, the more I see of indigestion, the firmer becomes my conviction that to attempt to treat it upon principles or theories is in many cases to court failure.

Doubtless all physicians have their favourite formulæ. I, certainly, have mine. A few of these I shall give on future occasions.

*Alkalies* are especially indicated in cases of acid dyspepsia. Soda is very grateful to the stomach; it also induces a slight secretion of bile. Potash is useful in cases of extreme acidity, where lithates appear in the urine; in all cases its exhibition should be, as soon as possible, suspended, as, if given in excessive quantities, it is likely to burn, so to speak, the mucous membrane of the stomach. Magnesia is not only an antacid but a sedative also to the lining membrane of the stomach. These drugs should be administered in carefully-graduated doses, lest an excess of them *more* than neutralizes existing acid. They should be given at the moment of greatest suffering from acidity, and this period usually occurs from two to four hours after meals.

Unfortunately, the taste for alkalies becomes a growing evil.

*Pepsine* is one of our most valuable remedies. It is an assistant digester—literally, a pony that helps a debilitated cart-horse to do its work. Lactopeptine must be regarded in a similar light. Ginger is a most useful stomachic; rhubarb is the best tonic to the stomach that the pharmacopœia holds out to us. Many a sufferer from indigestion, experiences vast comfort, from chewing a morsel of the root, the size of a pea, several times daily. Bismuth, opium in small doses, hydrocyanic acid, carbonic acid, also ice, swallowed in tiny fragments, sometimes prove charms in cases of irritable mucous membrane. The vegetable tonics—orange-peel, hops, calumba, cascarilla, gentian, chiretta, salicine, cinchona, and quinine—are occasionally valuable, more particularly when administered in conjunction with either acids or alkalies. Phosphoric, nitric, citric, and hydrochloric acids are useful tonics. The various preparations of iron appear to be especially indicated in those cases where extreme pallor of face shows that the digestive organs do not possess power adequate to the generation of the red corpuscles of the blood in due quantities. It is better to begin with small doses

of the mildest form of the drug—say one grain of the lactate—and, after a time, to pass through the ammonio-citrate, and to finish with the ammonio-tartrate. Steel wine is frequently found useful, more particularly when administered in small doses, yet its use continued for months certainly, for a year or two possibly. The tincture of steel but rarely suits a sensitive lining membrane. *Pancreatic-Emulsion* is a medicinal food, through the instrumentality of which other articles of diet are rendered assimilable. Its employment is indicated in cases where loss of digestive power, followed by loss of flesh, is a foremost symptom. It is especially serviceable when cod-liver oil cannot be tolerated, also when the functions of the pancreas become, from any cause, suspended. Cod-liver oil, either crude, or in the form of jelly or hydrated oil, is both food and physic, when it can be borne.\* It is necessary to begin with tiny doses,

\* Messrs. Allen & Hanburys, of Plough Court, London, have supplied me with a beautiful specimen of Perfected Cod-liver Oil; it possesses almost no unpleasant taste. The majority of dyspeptics can tolerate it.

One of my patients, whose stomach was in such a hyperæsthetic condition, that he was unable to take even this form of oil, whilst in its crude state, found that he could retain it, without inconvenience, when oil of cinnamon, in the ratio of six drops to a pint was shaken up therewith.

and to increase them very cautiously. Zinc is a tonic, but, in my opinion, not worthy of reliability in dyspepsia. In small doses it is valueless, in large it is apt to induce much burning pain in the stomach. Oxide of silver, also nitrate of the same metal, are considered by some to be valuable sedative tonics. In my opinion the Charcoal vended by the Medical Carbon Company, of Nottingham, stands unrivalled amongst charcoals for therapeutic power; nevertheless, the vegetable charcoal, reduced to the form of biscuits, such as those manufactured by Messrs. Bragg, of London; permanganate of potash, and carbolic acid are highly serviceable in cases of fermentative dyspepsia.

A feeling of relief comes over me as I begin to write on *Strychnine*. It is one of the very few drugs, used in indigestion, the therapeutic action of which may be, with tolerable accuracy, foretold. Almost every case of dyspepsia is accompanied with a greater or less amount of nervine atony. *Strychnine* is a most powerful nervine tonic. At the same time it is usually a non-irritant; hence, both in theory and practice, it meets the requirements of the dyspeptic. It should be administered in very small doses. *Small* is, indeed, scarcely the term to apply. I

ought rather to write, in doses that are absolutely homœopathic. Years since, a gentleman, prematurely aged through domestic anxiety, derived vast benefit from the taking of the five-hundredth part of a grain of the alkaloid, three times daily. His is, by no means, a unique case. It is generally found necessary to extend its exhibition over a prolonged period—three or four months, in fact. It should always be given in the form of a pilule, scientifically coated, and, consequently, rendered tasteless; inasmuch as, in any form other than that mentioned, its intensely bitter taste proves most irritating to the palate of the dyspeptic.

The usual dose of strychnine is the thirtieth, fortieth, or fiftieth part of a grain. It should be taken immediately after meals. Its use is *especially* indicated in the large subdivision of cases of indigestion, that are accompanied by neuralgia, chorea, or great depression of spirits.

*Aconitine* is, also, a drug of considerable value in the treatment of indigestion. It is a powerful nervine sedative, and, of course, called for in those cases that are accompanied either by pain or acute nervous irritability. It may be administered either in combination with, or separate from, strychnine. The fiftieth of a grain usually

suffices to afford relief. This drug may, like strychnine, be obtained from respectable druggists, in the form already mentioned. Strychnine and aconitine are, in my opinion, the two pharmacopœial crutches of the dyspeptic.

*Phosphorus* is useful in those cases of indigestion that have prostrated the nervous systems of the sufferers. Many years ago, Dr. Pereira wrote of it : “ After its absorption it acts as a stimulant to the nervous, vascular, and secreting organs. It excites the mental faculties and the sexual feelings, raises the temperature of the skin, increases the frequency of the pulse, promotes the secretions, and operates as a powerful sudorific and diuretic. It is administered as a stimulant to the nervous centres in convulsive and old paralytic cases.” It cannot, in my judgment, take rank with strychnine as a permanent improver. It is an anodyne as much as, if not more than, a tonic. Useful adjuncts to phosphorus are strychnine and quinine.

Of late (November, 1882) I have met with most encouraging results from the administration of Fellow’s Syrup of the Hypophosphites, more particularly in the class of cases that have been complicated either with bronchitis or nerve atony. The medicine contains both phosphorus and strychnine.



Tincture of opium is a valuable medicine in cases of hyperæsthesia of the stomach, more especially when complicated with asthma, and dependent upon irritation in the medulla oblongata. It is usually found necessary to administer it in full doses.

*Purgatives* are seldom admissible in the treatment of indigestion. The lining membranes of the dyspeptic are in a condition, much too sensitive, passively to tolerate their presence. Even when they afford temporary comfort, such relief is followed by an aggravation of original symptoms. The least injurious of them are almond-oil, olive-oil, castor-oil (the last combined with small doses of liq. opii sedativus), magnesia, sulphur, confection of senna, and Tamar Indien. I never travel beyond these confines when a patient insists that I shall prescribe a purgative ; indeed, the avoidance of purgatives constitutes a primary element in my plan of treating indigestion. Fortunately, diet and hydropathy supply us with all the means of purgation that we usually require. Fruit, vegetables, stewed-prunes, stewed-pears, brown-bread, oatmeal porridge, ginger-bread, lemon-juice, or rhubarb-jam usually effect the desired object. Even the last named I seldom employ, as I find that the oxalic acid

which is a constituent element of rhubarb frequently acts as an unendurable irritant. I recommend every dyspeptic to make trial of the Whole Meal Bread, before resorting to the use of purgatives. It frequently induces an alvine evacuation, when drugs have failed so to do. It is, however, desirable that the meal should be ground much finer than is commonly found to be the case.

Kneading the abdomen should not be omitted under similar conditions.

Mineral waters, some dyspeptics find useful as purgatives; to others, the taste of them is particularly repugnant. A third of a tumbler of cold-water, taken before breakfast, and repeated twice or three times, at intervals of six hours, frequently proves advantageous.

A current of *Electricity*, passed from tongue to anus, often proves of essential service in indigestion complicated with constipation. In hydropathy, however, the physician's strength lies. An enema of soapy water, used either warm or cold, seldom fails when properly employed, to procure an evacuation. It is, unfortunately, frequently but imperfectly applied, hence it unjustly acquires the reputation of producing little or no benefit. The object to be aimed at is to *fill* the large intestine—

employing two quarts or so for the purpose. Thus used, its success is, commonly, predetermined. There are, however, many individuals in existence to whose feelings, both mental and corporeal, the use of the enema is absolutely repugnant. Let such make trial of the following means:—

1. Dipping the hips into and out of a deep sitz cold bath for about five minutes ; or,

2. Taking a sponge in either hand, dipping one into hot and the other into cold water, and applying them alternately, for a few seconds, first to the abdomen, then to the loins ; and continuing the process for about ten minutes ; or,

3. Irrigating the perineum twice or thrice daily, and for five minutes at a time, with the ascending-douche. If the patient possess a bath-room it is only necessary to affix to his cold water-tap a vulcanized tube, terminating in a galvanized-iron elbow, fixed to a base, and surmounted by a rose. This can be placed at the bottom either of a sitz, or a large chamber-utensil, and he can sit over it.

These means, when persevered with for a reasonable period, seldom prove inadequate to the obliteration of constipation.

Constipation must, by no means, be regarded as *invariably* a disease. Experience has taught me that it is the nature of some individuals to have but infrequent evacuations. In this case purgation invariably aggravates indigestion.

## CHAPTER XVI.

### GALVANISM.

I USE this agent principally in cases of constipation. I apply the negative pole of the battery to the tongue—the positive to the anus. I avoid the introduction of a rheophore into the bowel, knowing, as I do, that dyspeptics are, invariably, preternaturally sensitive, both in mind and body, and that the physician who fails to bear this fact in mind, will speedily lose the confidence of his patient. The *Constant* or *Galvanic Current*, applied for the space of from three to ten minutes, generally suffices to induce a tolerably satisfactory motion. In exceptional cases, it is necessary to repeat the electrization after the lapse of six hours.

Dyspepsia is, however, as a rule, a chronic ailment. It is, therefore, highly advisable that the patient be provided with a battery that shall be, not only, at all times, in working order, but

also of such a character as to admit of home application. Such an instrument is the magneto-electric machine. The patient must bear in mind that the *left* is the *negative* or *stronger* pole.

*For constipation* let him place the negative pole over the spine about the middle of the back, and pass the positive from above downwards over every portion of the abdomen, from the ribs to the pubis, for about ten minutes twice daily. The power employed should be high. *This is slowly curative.*

When *an immediate evacuation* is desired, let him proceed according to instructions given in lines two and three of the present chapter. The current employed must be, at first, gentle, and should be slowly increased in power. An action on the bowels is commonly obtained within the lapse of five minutes. Sometimes the effect of the electrization is instantaneous.

In cases of colic, let the patient magnetize himself as for constipation—slowly curative.

*For chronic dyspepsia*, let him place the positive pole over the middle of the spine, and with the negative, wander over the whole of the abdomen for fifteen to twenty minutes twice daily. The power should be of medium strength.

*For dyspepsia-bronchitis*, let him apply the positive pole to the middle of the spine, and pass the

negative over the surface of the chest, for fifteen minutes thrice daily. The power should be somewhat feeble.

*For dyspepsia-asthma*, place the negative pole over the middle of the left side of the neck, and the positive over the cartilage of the seventh rib. Let the power be very moderate in intensity, and administered for about ten minutes four or five times daily.

*For chorea-dyspepsia*, let the patient grasp the negative pole with *both* hands, and direct an attendant to pass the positive pole slowly over the spine, chest, and abdomen. Finally, let him immerse his feet in warm water; place the positive pole also therein, and the negative on the middle of the back. This must be done for fifteen minutes once daily.

*For dyspepsia-headache*, place the positive pole on the spine behind the stomach; move the negative over the stomach until relief be afforded, using a moderate power. Finally, place the positive pole under the approximated feet, and wet the head. Let the attendant grasp the negative pole with one hand, and placing the other on the patient's head, thus pass the current *through his own body* to that of the sufferer.

## CHAPTER XVII.

### OXYGEN GAS.

BOTH the physician and the dyspeptic owe much to Mr. G. Barth, of Duke Street, Bloomsbury, for the pains he has taken to supply them with an apparatus that is at once inexpensive and portable. The gas is invaluable in the case of those who follow sedentary occupations ; of the many who manifest a tendency to obesity, to rheumatism, or to gout ; or to a diseased condition of mouth, tongue, pharynx, posterior nares, larynx, trachea, and bronchial tubes. The usual dose is one pint, diluted with four or five of common air—the whole being slowly inspired ; and, if necessary, repeated twice or three times daily. The quantity may be, with safety, increased to the point of inducing headache. Those individuals, to whom extreme portability is non-essential, will do well to provide themselves with the *Cylinder*—rather than the *Bag* form of apparatus.



The appropriate time for inhalation is about half an hour before breakfast, dinner, and tea. Some highly-sensitive individuals, however, find that it induces exhaustion if taken when the stomach is empty. Such persons should inhale midway between meals. Many find it advisable to take a glass of milk either immediately before or shortly after resorting to inhalation.

## CHAPTER XVIII.

### SURGICAL INTERFERENCE.

THIS is a very wide subject, and can therefore only be touched upon in a book the size of that in hand. Thus—the roof of the mouth must be denuded, if covered with the plate of artificial teeth; carious teeth must be either stopped or extracted; if a ragged point of a tooth excoriate the tongue, and thus render the patient incapable of duly performing the function of mastication, it must be filed down; if the teeth are so deficient in number, as to render mastication impossible, artificial ones must be supplied; if the palate be cleft, it must be closed by operation; or, and as a very imperfect substitute therefor, a gold-plate fitted over the aperture; if the patient suffer from hernia, he must be supplied with a properly adjusted truss. If he suffer from fistula or piles, the disease must be remedied by surgical operation. In the case of a female, afflicted with

prolapse of the womb, the viscus must be returned to its natural site, and retained in position through the agency of a pessary, introduced into the vagina. It must be borne in mind that digestion is *directly* influenced by any derangement or disease of the digestive tract, from beginning to end.

## CHAPTER XIX.

### CHANGE OF AIR AND SCENE.

CHANGE of air and scene is valuable in the treatment of indigestion, provided that it be obtainable under fairly favourable conditions. Dyspeptics must never become absolute idlers, inasmuch as lack of occupation rarely fails to call into existence scores of aches and pains, that, under the influence of occupation, would not have been experienced. When, however, they are in a position to obtain a change of surroundings, limited in duration, and accompanied with a sufficiency of mental pabulum, they, usually, derive benefit therefrom. I, very rarely, sanction their departure from our own shores, and for the following reasons:—(1) Because foreign cookery usually upsets their digestion; and (2) Because the imperfect cleanliness of foreign hotels, not infrequently, causes considerable derangement of the general health, and, as a consequence, of

digestion. Fortunately, dyspeptics can, if they will be content to remain in their own country, obtain the climatic conditions that are necessary for their sanitary well-being. Let us enumerate a few of the health-resorts that England holds out to them. In winter they can retreat to Torquay, The Undercliff, Bournemouth, Hastings, sheltered Dover, or, last though not least, balmy Sandgate. During the hotter months of the year, they may invigorate their unstrung nervous systems at Margate, Ramsgate, Deal, Folkestone, Broadstairs, Brighton, Scarborough, Whitby, Yarmouth, Lowestoft, the highlands of Hastings, the Peak, or the mountainous districts of Scotland or Wales. Why, then, I ask, should they travel farther afield, more particularly, inasmuch as, being only mortal, they may, at any moment, be overtaken by sickness, and consequently fall into the hands of physicians who still cling to the bleeding customs of the last century?

Deal and Walmer appear especially suited to individuals suffering from indigestion plus rheumatism.

## CHAPTER XX.

### ON CLOTHING.

BUT little need be written on this subject. It is a question of individual experience. Dyspeptics, as a rule, obtain the greatest amount of bodily comfort when but lightly clad. They flourish in an air that is fairly bracing, provided, of course, that they are reasonably-well covered. They cannot tolerate flannel worn next to the skin. It irritates the external investment of the body, and, by sympathy, the internal membranes also. Irritation of the kind sometimes brings about serious cerebral derangement. Persistent vomiting, of course, bringing in its train mal-nutrition, is also the occasional concomitant of the irritation induced by the wearing of flannel in contact with the skin. They easily chill when indoors, and, as a consequence, taking no exercise; but experience no difficulty in keeping up animal heat whilst on the move in

the fresh air. Friends look on in astonishment at their recklessness; *they* smile at their relatives' unnecessary fears. Nevertheless, it behoves dyspeptics to use caution, lest, by undue exposure, they acquire deposits in various organs—more particularly the lungs.

Some dyspeptics are, however, of the phlegmatic temperament. These individuals must use greater caution than their more mercurial brethren. They must, if necessary, invest themselves in fleecy-wool hosiery from ankle to neck. They will do well to bear in mind that many a severe chill is taken in consequence of the nerves of the upper arms being but imperfectly protected from unfavourable atmospheric influences.

As a rule, they are but of slender physique. Hence it is desirable that the maximum of warmth should be obtained, conjoined with the minimum of weight; consequently an undergarment, closely adapted to the inequalities of the surface, is the best first investment of the dyspeptic.

A very important question is—"At what period of the day are dyspeptics most likely to take cold?"

The answer is, I think, self-evident, viz.:—"At that during which they themselves are

sensible of the greatest amount of physical depression ! ” This period usually extends from about three o’clock a.m. until noon.

A damp atmosphere speedily abstracts electricity from the system. The bronchitic and rheumatic dyspeptic should never court an atmosphere of the kind. It takes away his electricity—his life.

He should wear water-proof boots ; should change his clothing as soon as it becomes damp ; and should insulate his bedstead by placing a glass receptacle beneath each of its castors. These apparent trifles are really grave matters.



## CHAPTER XXI.

### ON MIXING WITH SOCIETY.

THIS subject ought to occupy a foremost position in the treatment of dyspepsia. Unfortunately, I am compelled to place it at the lower end of my table of remedies, on account of the difficulty, I usually experience, in inducing sufferers from indigestion, to avail themselves of its advantages.

Dyspeptics commonly consider themselves, unsuited, from mere shyness, to mix with their fellow-man. Such, however, is usually, by no means, the case. As the dyspeptic quits his home, he will tell his companion that he would freely give five pounds rather than go to So and So's dinner, even though he has promised to become a guest. That he knows he will become not only a wet blanket to others, but also upset himself. Yet, as a fact, once launch him fairly, and his natural brilliancy speedily asserts itself. The pleasing impression that is created upon his

mind reacts upon his body ; and, the morning after the lately dreaded ordeal has been successfully surmounted, he will acknowledge that he indulged in the pleasures of the table with exceptional freedom, and that he feels wonderfully improved by the dissipation of the previous evening.

The favorable impression created, speedily, however, fades from his recollection. When invitation Number Two arrives, past enjoyment is lost sight of, and the battle with shyness has to be fought a second time.

Sufferers from indigestion must struggle hard to rid themselves of their shyness. They may effect their purpose by perseverance in mixing with the outer world.

A dyspeptic patient of my own has schooled himself, to such an extent, that he now delights in addressing monster audiences.

Society is, like occupation and exercise, life to the dyspeptic, if he can only be brought to realize the fact.

## CHAPTER XXII.

### ON THE CULTIVATION OF MUSIC.

THE cultivation of music is a most potent agent for good in the cure of the dyspeptic.

Occasionally we find an individual who prefers light and frivolous tunes, performed upon a shrill instrument, such as the piccolo. Commonly, however, the dyspeptic inclines to music either sacred or operatic, and performed upon a sonorous instrument, such as the organ or the violoncello. The violin is, commonly, to be prohibited, inasmuch as the learner can scarcely fail to elicit tones that are almost maddening to the sensitive nerves of the sufferer from indigestion. A high-class concertina is an instrument not to be despised; better still, is a real Mason and Hamlin's American organ; best of all is, of course, the pipe-organ. Chamber instruments are usually purchasable second-hand, for a moderate sum. An organ

containing only a dulciana and a stopped diapason, and provided with a foot-blower and a swell need not prove beyond the reach of a man of moderate means.

Musical boxes satisfy for the time; the repetition of air speedily, however, becomes irritating to the dyspeptic.

Yet if my praise of instrumental music be high, ten times higher must it be in reference to vocal. Solos do a certain amount of good; yet part songs constitute the form of music that is most soothing to the dyspeptic.

One patient will assert that hearing "Here in Cool Grot," or "The May Fly," fairly well rendered, will cure him of a fit of dyspepsia. A second never fails to appear at the afternoon service at a cathedral, when indigestion has fastened with exceptional severity upon him. A third, however, finds a comfort in listening to the bugle. A fourth spends much time in the neighbourhood of a rookery when unusually prostrate with bilious atony.

## CHAPTER XXIII.

### ON THE SUN-CURE.

BEARING in mind the enormous power that the sun's rays exercise upon both the vegetable and the animal creation, it cannot become a matter of surprise, that persons suffering from derangement of health should seek for restoration at the hands of that subtle something that man recognizes as solar heat-light.

The dyspeptic has long since discovered the healing power of the rays of the Great Luminary.

A sun-bath should be taken whilst the orb is yet rising in the heaven—never in the afternoon, unless inaccessible during the earlier hours of the day.

The best time of all is, probably, at its emergence from the horizon, a moment at which, as science knows full well, both the

animate kingdoms of Nature respond to its appearance.

The patient should strip to the skin, and sit for as long a time as he can comfortably bear the increase of warmth, with the rays shining directly on to his skin.

When the weather is sufficiently warm to permit of the following of such a course, the window should be thrown open. He should change his position every third or fourth minute, so that both the front and the back of the body may be, alternately, exposed to the genial ray. If he find that direct exposure of either the spine, the solar plexus, or the brain induces unpleasant sensations, as of retching, depression of spirits, or faintness, he may protect the sensitive organ by the interposition of a colorless garment.

In all cases the bath should be finished by a dry-rub with a soft towel, followed by a general sponging with tepid or cold water, and, of course, terminated with a complete drying with a rough towel.

The pleuritic, the bronchitic, and the sufferers from general rheumatism, are the individuals who derive the greatest amount of benefit from the sun-bath.

Those whose cases depend upon nervine atony should not extend the bath beyond a period of three minutes.

I now proceed to detail a series of cases, which have for their object the support of the opinions I have propounded.

## CHAPTER XXIV.

### CASES.

CASE VII.—*Vesical Calculi, the result of Indigestion.*—E. W., aged four years, a dispensary patient, fell under treatment on October 1st, 1876.

My little client was a strumous member of a strumous family. Her mother died of phthisis a few months after her birth. Her digestion had been, from infancy, weak. Attendants had considered that she was suffering from inflammation of the bladder. A paroxysm of pain occurring during my first visit, I separated the labia externa, and disclosed to view a stone that presented at the orifice of the urethra.

On October 17th, I, seconded by Dr. Allen Duke, of Dover, proceeded to operate. Having rapidly dilated the urethra, I grasped the presenting calculus with a pair of long forceps and removed it. I then passed my left fore-



finger into the bladder for the purpose of thoroughly exploring the viscus. To my surprise, I discovered two other calculi, each suspended from the fundus of the organ by a pellicle of mucous membrane. These I, after expending some little trouble, succeeded in grasping and removing.

The child made a rapid recovery; kind lady-visitors having supplied her with nourishment, light and suitable.

I gave strict injunctions in regard to her future dieting—injunctions which, as far as the limited nature of the resources of the father would permit, were satisfactorily carried out.

The portions of calculi preserved amounted in the aggregate to a drachm and a half in weight. To this must be added the quantity of débris lost during the performance of the operation; also a number of pieces begged from me by the child's friends. The total original weight of calculous material probably reached two drachms. The stones were of the phosphatic variety.

Within four months of the date of performance of the operation, she had not only completely recovered the power of retaining her urine, but had also developed into a compara-

tively well-nourished individual. I last saw her in June, 1879. She was then perfectly well.

This case I published in the *Lancet* of August 23rd, 1879.

CASE VIII.—*Vesical Calculus, occurring in a girl of ten years of age.*—One evening in March, 1864, I was called to see S. B., residing in Snargate Street, Dover. Her mother had suffered from indigestion for many years. S. B. inherited her mother's constitutional proclivities. This patient had been, more or less, laid by for upwards of two years, and, like E. W., was considered to be suffering under inflammation of the bladder. Of late she had had no medical attendance, but her friends had, upon their own responsibility, administered soothing medicine in large quantities. They had sent for me, on the evening in question, as they considered it doubtful if she could live till morning. She was a mere skeleton. She lay in bed, stretched upon her back, with her knees drawn towards her chin. She had pressed her fingers upon the urethra, until the integument of the former had become perfectly soddened, and had acquired the appearance peculiar

to the hands of a woman who had done a protracted day's washing. For form's sake I passed a sound into the bladder; of course, with the result of finding a stone. I gave her opium to deaden the keen edge of her sufferings, and, as soon as arrangements could be perfected, placed her in the London Hospital.

Mr. Curling rapidly dilated the urethra and removed a calculus of (to the best of my recollection) the uric-acid variety.

This patient last consulted me in Canterbury, in the early part of 1881. She is married, but has no family. Thanks to a regulated diet, she has experienced no return of her sad malady.

CASE IX.—I attended Mrs. W. B. in six accouchements. The first three infants she declared her inability to suckle. They grew up pale and thin, with projecting foreheads and enlarged joints. When she desired to secure my attendance at her fourth confinement, I declined to yield to her request, except with the understanding that she would agree to suckle the new-comer, fully, and for a period of at least eight months. This course, she, after a little hesitation, consented to follow.

The result was, as might have been anticipated. Number Four speedily shot ahead of Number Three. She had neither over-hanging forehead nor monster articulations.

I may add, in this place, that Number Five and Six have grown up as healthy as Number Four. The contrast between the suckled and the fed members of the family is of the most marked character. The three eldest continue to suffer greatly from indigestion, and have carious teeth. The three youngest are free from dyspepsia, and possess teeth that are both useful and ornamental.

CASE X.—R. B. was born on the borders of the Essex marshes. In infancy he suffered so heavily from convulsions that his life was despaired of. At the age of eight years he was, by the advice of a North country-man, sent to Scotland to receive his education. To use his own words—"The cold up there killed me. The big boys would not allow me to get near the fire. I could not eat the Scotch food. I used to lean against the walls and cough." During the eleven months of each year that he spent in the north, he grew nothing; during the one month that he passed in the south he

grew rapidly. His head was large, his temper so violent that he could scarcely be accounted a sane man. At the age of twenty-five he experienced a cross in love. This blow he never fully recovered from. Indigestion clung closely to him throughout life; frequently also its issue—rheumatism—caught hold of him. The whole digestive tract was in a state of preternatural sensitiveness. The mere mention of a dish that he considered unsavoury would cause him to eject wind from the stomach, in large quantities. He would shudder and become violently angry, if the subject of enemas was mentioned. He was a great smoker, and, though a so-termed moderate drinker, drank much more than his sensitive mucous membrane could tolerate. He died of cancer, invading several organs, at the age of forty-nine.

This patient was, frequently, under my observation. He was extremely obstinate, hence my oft-repeated endeavours to induce him to abandon the use of tobacco and alcohol proved futile.

Though only five feet four inches in height, he was broad in shoulder and possessed of considerable muscular power. He positively revelled in physical labour.

R. B.'s case is one of the many that the physician encounters, in which *a man may be the victim of mortal disease, yet remain totally unconscious of its existence.* It chanced that, one day he was dining with me, and the conversation turned upon the subject of sick men. Suddenly he swang his arms about, in a somewhat frantic manner, and exclaimed, "Well, thank goodness, I'm always well; never sick nor sorry!" I remarked, unthinkingly, "I cannot divine the cause, but *whenever you laugh or exert yourself your right cheek becomes tinged with blue.*" About six months after this date, he wrote, informing me that he suffered from a terrible cough, and that he had a lump as big as a hen's-egg under his right collar bone. Clearly, even at the time of his boasting, cancer in the chest had advanced so far that a neighbouring absorbent gland had become enlarged, and now pressed upon the lower end of the external jugular vein!

I am well acquainted with the medical history of R. B.'s family. An intense vitality pervades it. I entertain no doubt but that, had he been, during boyhood, placed under conditions reasonably favorable to longevity, he would have attained man's allotted three-score years and ten.

CASE XI.—B. J. was brought up on the banks of the Lea. He always disliked the smell of the river, more especially at low tide. As a child he was a mere skeleton, with a large pendulous abdomen. He was talented, but very weak and nervous, being the victim of chorea, and stuttering very considerably. The aim of his parents was to lay by as much money as possible for the benefit of their numerous progeny; hence his food was coarse in quality and his clothing insufficient in amount. He dreaded night, because he knew he should see horrible faces as soon as the light was extinguished. On account of his nervousness, he was terribly scolded by his parents, and sadly teased by his brothers and sisters. He used to suffer from acid rising into the throat at brief intervals during the day, and was commonly prevented by sheer debility from standing erect during the early hours of the morning. He dreamt awful things; so much so, indeed, that he had a horror of sleep, and used to hide his head under the bed-clothes because he felt safer there. He was, in fact, a perfect specimen of juvenile dyspepsia.

At the age of four he was sent to a preparatory

school. His mistress was not kind to him. The boys treated him very badly, but the girls loved and kissed him. At ten he went to a boy's school. His preceptor was of a most passionate temper. (He died of softening of the brain at the age of forty.) Although he always strove to learn his lessons, his master would cane him if he lost his temper with one of the lazy boys. In fact, he was in a state of terror all the year round. He was very fond of swimming, and frequently went into cold water three times a day, remaining immersed for half an hour at a time. He was usually laid up with a cough for several weeks as each winter came round. He made up his mind to become senior pupil in his school, and he did succeed in struggling into the first place. At twenty-two he went to college. Determined to be a foremost man, he studied hard, and laid himself up in eighteen months. This brought back the indigestion which had been slowly receding since the age of fourteen.

This gentleman is now hard upon forty-five. He has gone through a sea of troubles, yet still he lives on and enjoys comparative health, *provided that he studies his stomach.*

His table of diet is as follows:—

Breakfast: Cacoatina, or milk and water,



with a little bacon. Tea: Ditto, minus the bacon. Dinner: A good meal consisting of a little meat, plentiful vegetables, and light puddings, perhaps supplemented by fruit. No beer, wine, or spirits. No supper. Either of the latter invariably calls forth indigestion. Beckitt's Fruit Syrups are great favorites with B. J. He finds that they suit him admirably.

B. J. very seldom takes medicine. Drugs always upset him; purgatives kill him.

If his liver becomes much deranged, he sometimes indulges in a dose of Hyd. c. Cret. Now and then he takes an effervescing draught, composed of soda and acid; occasionally—

R—Sodæ Bicarb. ʒj.

Spt. Ammon. Aromat. ʒj.

Tr. Aurant. ʒij.

Aquæ ad ʒviij. sumat sext. part. ter in die.

Generally, he goes on the more sensible plan of giving his stomach a few hours' rest. Then, unfortunately, his wife bothers him, declaring he will starve himself, and have a serious illness; but he knows better. He flourishes under the influence of hard work; at once flags if unemployed.

B. J., like many another dyspeptic, finds that a dose of Lamplough's pyretic saline

affords speedy relief when indigestion threatens to overpower him.

B. J.'s favorite drink is eau-sucré. This also suits him exactly.

In January, 1880, B. J. suffered under a severe attack of bronchitis. This, of course, laid the foundation of asthma, also rendered his stomach, if such were possible, even more sensitive than it had been in times gone by. He finds that the instructions in reference to diet that he received years since, apply with still greater force in his present hyperæsthetic condition.

CASE XII. Mary P., aged twenty-eight, is frequently under treatment, the victim of heart-burn. She is very tall, and stoops a great deal. She grew rapidly between the ages of fourteen and seventeen, and has never been herself since that time. Her father is a farmer, doing well on a small scale. M. P. would like to become a lady's-maid. Indeed, she has had several good places, but always is laid by, if so situated that she is unable to obtain unlimited fresh air. She has twice suffered from rheumatism. Her former medical attendant considered her disease to be weakness, and treated her with quinine and

increased diet, both of which did her harm rather than good.

Light diet and matutinal cold spongings have caused great improvement in this case.

The only medicine that her sensitive stomach can tolerate is the following:—

R—Sodæ Bicarb. ℥j.

Liq. Bismuth. ℥j.

Tr. Aurantii ℥ij.

Spt. Ammon. Aromat. ℥j.

Syr. Zingib. ℥iij.

Ad. Hydrocy<sup>c</sup>. Dil. ℥ viij.

Aquæ destillat. ad ℥viij., sumat ℥ss. quater de die.

CASE XIII.—Mary W., aged nine, was under my care, at frequent intervals, between 1864 and 1871, and always for the same ailment—dyspepsia. This patient was pallid in face, round in back, and tumid in abdomen. In 1871 she tripped over the curb and struck her stomach. The following morning I was sent for. I found her lying on her back, with her knees drawn up; she vomited constantly, and her face betokened the keenest agony.

She could tolerate no local applications, hence all that I could do for her comfort consisted

in the easing of pain. I threw one-fourth of a grain of morphia on to her tongue every third hour. She speedily sank into a state of typhoid, and the case appeared hopeless. On the tenth day of her illness, an abscess began to point at the umbilicus. On the fourteenth, it discharged. The child showed great symptoms of improvement immediately after the escape of the pus. The first article of diet she asked for was pork-pie. This I, at once, allowed. About the seventeenth day she ate enough to satisfy a navvy in hard work. She made a splendid recovery, and her indigestion left her.

I saw her about two years afterwards. She had become a strapping girl.

This was, clearly, a case of *tabes mesenterica*, which the blow on the abdomen had caused to terminate in abscess.

CASE XIV.—In November, 1882, S. A., aged twenty-three, consulted me. He stated that, feeling very weak and poorly, he had, during his late residence in Australia, for many months pursued a course of heavy feeding.

When he had become seriously ill he happened to light upon a copy of my second edition of "Indigestion." The perusal of one case recorded,

however, forthwith pointed out to him the road to the recovery of health. Under the new system entered upon, he speedily obtained relief from his ten thousand maladies. Though terribly ridiculed by his associates, he continued his course of that which they pronounced to be starvation. The results proved so satisfactory that, when he consulted me, the alterations in diet that I felt called upon to make, were so trivial in amount, as to be scarcely worthy of mention.

CASE XV.—W. W., aged twenty-six, had just taken to a most arduous vocation—one, in fact, that allowed him scarcely any certain repose, either by night or by day. Following his own inclination, plus the advice of his friends, he had adopted the universal opinion, that he must eat and drink *well* in order to keep up his strength. Accordingly, he ate meat three times daily, and drank somewhat freely of alcoholics. He was so feeble that he could scarcely walk; suffered severely from night perspirations, violent palpitation of the heart, and nausea, sometimes terminating in vomiting; also from coldness of extremities and heat of head.

Fearing the supervention of phthisis, I urged him, if possible, to abandon his vocation, at

least for a time. This, however, he declined to do, except as a last resource, inasmuch as it was certain to prove very lucrative, within a few years.

*Treatment.*—For the present, entirely to abandon the use of meat and alcoholics. To take as much as he felt he could digest of milk, beef-tea, vegetables, cocoatina, fruit, and toast well-buttered. Also to sponge piece-meal, from head to foot, and with cold water, twice daily. Furthermore, to take Liq. Arsenicalis, ℥v.; Aq. destillat. ad ℥j., ter die post cibum.

At the end of a week he had considerably improved. He found the cold sponging delightful—fresh life in fact. He added that he would like a little brandy very much indeed, if I would allow him to take it.

*Treatment.*—To continue as before. To take a dessert-spoonful of brandy, in half a bottle of soda-water, twice daily.

A fortnight passed, and he was wonderfully better. His night perspirations had entirely disappeared.

*Treatment.*—To be allowed a little good fish or poultry for dinner daily. To use the interrupted cold shower-bath night and morning; and to make trial of the following mixture:—

R—Quinæ Disulph. gr. xij.

Ferri Sulph. gr. vj.

Acid. Sulph. Dil. ℥ss.

Syr. Aurant. ℥j.

Aquæ destillatæ ad ℥viij., sumat ℥ss., ter in die post cibum.

Three weeks after this, I permitted him to take, at his own desire, a mutton chop, twice daily, and to substitute claret for brandy and water. I, furthermore, ordered the thirtieth of a grain of strychnine to be substituted for each dose of the quinine and iron mixture above referred to.

My patient made an excellent recovery. He, in due course, abandoned his alcohol, of his own free will. He continued the use of the shower-bath.

*Remarks.*—There can be no doubt but that consumption would speedily have terminated W. W.'s career, had he persevered in the course of over-stimulation he was then pursuing. Like many another dyspeptic, he was undergoing a process of slow starvation, though his stomach was full—full, that is to say, of food unsuited to his digestive organs in their *then* condition.

The tonic powers of cold water are scarcely susceptible of measurement—incredible, in fact,

to him who has not, *in propria persona*, experienced their efficacy.

CASE XVI.—J. R., by profession a clerk, was picked up in the street having fallen in an epileptic fit. Being well known in his town, he was carried direct to his home. I was sent for. Upon arrival I found him still partially unconscious. His pupils were dilated; his head was hot, his feet cold, and his tongue severely bitten.

He was a dyspeptic member of a dyspeptic family. Had been in the habit of taking things at table just as they came. Was very fond of tea and coffee, and ate a good supper every night. He was accustomed to drink two or three glasses of ale daily; sometimes a little spirits as well, when he felt done up. The premonitory creepings always *began at the stomach*; he had frequently felt dizzy and staggy, in consequence of them, but had never before fallen to the ground. He had eaten meat-pie for supper the night previously to his attack, and had had a contention with a fellow-clerk that morning. When this patient had recovered consciousness, I explained to him the exact position and prospects of his case; viz., that with strict care in diet, he might look forward,



with confidence, to complete restoration ; but that unless the means necessary were used, he would, in all probability, become a confirmed epileptic.

The diet I ordered was as follows :—

For breakfast and tea—Cocoatina (very milky), either egg or bacon, and cold buttered toast or biscuits—the last more particularly of the charcoal variety. For dinner—Vegetables, fruit, poultry, fish, milky puddings, also pie-crust with preserve spread thereon, *if found to suit*. For drink—Aërated ginger-beer or Beckitt's Fruit Syrups. Most rigidly to abstain from tea, coffee, cheese, beer, wine, spirits ; anything either cooked enclosed in crust, or warmed a second time.

To wear a straw hat, pale in color, all the year round, and a white coat when the weather was hot. To keep his feet warm.

To avoid irritants, and excitants of all kinds. To stand on a flannel, spread in a saucer-bath, and to squeeze the contents of a monster sponge, dipped in cold water, over his head, night and morning.

To sleep in a cool room, to lie upon a mattress, and to use no more bed-coverings than he found necessary to secure adequate warmth.

To allow his beard, which he had hitherto shaven completely off, to grow fully. To submit

to the extraction of three carious teeth. At every meal to masticate his food thoroughly ; to abstain from drinking till he had finished eating ; to rest for half an hour after each refection, but, under no circumstances, to fall asleep. For medicine, to take fifteen grains of bromide of ammonium thrice daily.

For a time, this patient improved, although he refused to submit to the extraction of the carious teeth already mentioned. One day, he again quarrelled with his brother clerk. The result was a severe epileptic attack. Believing his case hopeless, he ceased to take medicine ; and finding that his fits recurred in spite of comparative care in diet, returned to his old careless ways. When last I heard of him he had become a confirmed epileptic.

*Remarks.*—This case demonstrates the advisability of seeking medical advice in the early stages of disease. In *physic*, a stitch in time saves—not *nine*, but *ninety-nine*. This patient ought not, even from early childhood, to have taken such indigestibles as tea, coffee, cheese, and beer ; still, much might have been done, had he sought the aid of a physician, when first he began to feel the creepings mentioned. I ordered the abandonment of shaving for two reasons :

(1) On the general principle that we can seldom interfere with nature without paying a consequent penalty ; and (2) because close observation has proved to me that the beard does, in some manner that I do not profess to understand, adjust the electrical balance of the system.

I shall not forget a reproof that nature inflicted upon me, some twelve years since. I removed all the hair from the head of a little girl of six, who was suffering from continued fever. *Shortly, a soft down grew over the lower part of the face, including the nose !*

I ordered the extraction of teeth in the case of J. R., because I am satisfied that carious teeth frequently prove a cause of epilepsy. The limits that I have prescribed to myself in this book do not permit me to quote a tenth part of the cases I should like to record. Did space allow, I should touch on several connecting links between digestive organs and epilepsy.

Many patients appear somewhat surprised that I, *as a general rule*, permit dyspeptics to partake both of pie-crust and sugar. Of the former my experience is, that, whereas it is a fruitful source of indigestion, when made with inferior ingredients, such as salt butter or lard, it very seldom causes discomfort even to the most delicate lining

membrane, if prepared with high-class materials. Sugar, when taken in moderate quantities, also *seldom* induces uneasiness. Eau-sucré is, in fact, a valuable drink in dyspepsia. The beverages with which it is usually mingled, such as tea and coffee, almost invariably give rise to disturbance. Thus, sugar is blamed for the sins of its coadjutors.

We must not lose sight of the fact, that the food provided for our sustenance in the hour of greatest sensitiveness, dependent upon imperfect development of nervous centres, contains a large amount of sugar. Of course, the sugar used for dietetic purposes must not be of an inferior quality.

I have treated several cases of indigestion in which *highly-sweetened* cocoatina has been the staple article of diet permitted; and this the patients have described as proving most soothing and grateful to their debilitated digestive organs.

CASE XVII.—In December, 1880, M. Y., resident at Dover, sought my advice. I attended her ten years since, in a prolonged attack of muco-enteritis. The abandonment of tea caused her, in those days, a very serious privation. She now states, however, that she dislikes even the smell thereof so thoroughly, that to remain in

the room where it is brewing demands an act of self-denial, by no means trifling in character.

December, 1882.—M. Y. has consulted me, on several occasions, during the past eighteen months. She remains fairly well in health, and dislikes her once favorite beverage, more and more intensely every day.

CASE XVIII.—M. S., a retired tradesman, aged fifty-five, has great faith in keeping oneself up. Suffers from gout now and then, but does not complain of that, as he is always better after the attack has passed off. In 1872 he met with an accident, which confined him to bed for several weeks. Being his medical attendant I, at once, explained to him, that, now that he was debarred from all exercise, he must cease to take full diet. In vain I appealed. His wife openly set her face against my teaching. The result was, as I had foretold, the supervention of a most severe attack of gout. As he lay in bed he thought matters over. Finally, he resolved to abandon the use of alcoholics, and to take much less food than he had, hitherto, indulged in.

*Results.*—He speedily began to feel lighter, stronger, better, happier. Several years have

passed since M. S. received the injury. He has experienced no fresh outbreak of gout. He has long since resumed business, which, on account of gradual failure of health, he had, some few months prior to the receipt of his injury, entirely abandoned.

M. S. now devotes the whole of his spare time to works of philanthropy.

CASE XIX.—G. J., a gentleman of property, was under my care, more or less continuously, from 1870 to 1873. He had been dyspeptic and nervous throughout life. At about the age of forty, was incapacitated for several months, suffering under severe depression of spirits. Was much annoyed by irritation of the skin, particularly of the hands, which he scratched until little bloody points appeared, which refused to heal. The bowels acted several times daily. His motions were always very small, like tobacco-pipe stems. He never went to stool without wind escaping with a “pop”—like a gun going off. He would willingly take drugs, but refused to give up his tea, coffee, cheese, ale, and sherry.

The medicine that he usually found suit him was :—

R—Sodæ Bicarb. ʒj.  
 Liq. Bismuth. ʒj.  
 Spt. Ammon. Aromat. ʒj.  
 Tr. Aurant. ʒij.  
 Ad. Hydrocy<sup>e</sup>. Dil. ℥vj.  
 Liq. Pot. Ars. ʒss.

Aquæ destill. ad ʒviiij., sumat. sext. part 4<sup>tis</sup> horis.

The irritation on the skin becoming all but intolerable, I sent him to consult a specialist. He returned with a prescription for soap, lotion, mixture, and pills, and with promise of speedy cure, but with no instructions as regarded diet.

About this time he began to flush from hair to collar-bones immediately after meals, more especially if he partook of alcohol, even in the tiniest quantities. I explained to his relatives that I considered this an ugly symptom. Shortly afterwards he complained that his motions “fell through”—that he had lost all control over his lower bowel. He slowly sank, and died of cancer in the rectum, at the age of sixty-four.

CASE XX.—A. M. was a thin, spare, weed of a man. I knew him, intimately, from 1837 to 1852. He then removed from my neighbourhood. About 1845 an attack of depression

of spirits laid him up for several months. In 1870 I heard that he was very ill—slowly sinking, in fact. Having obtained permission from his medical attendant, I paid him a professional visit. He was suffering under a large carcinoma situated at the lower opening of the bowel.

CASE XXI.—B. D., a foreman carpenter, came under treatment in 1862, suffering from eczema of both legs, which latter, he said, drove him almost crazy, they itched and smarted so unbearably. I told him I must not venture to attempt a cure without first endeavouring to rectify the indigestion that was the cause of the eruption; that he must abandon the use of beer, tea, coffee, and cheese. He replied that he worked hard and must have his cheese and beer, but added that *he* would run all risks of consequent mischief if *I* would cure his legs. I ordered bran lotion (one quart of boiling water to be poured on to a double-handful of bran); I administered internally—

R—Potass. Iodid.  $\bar{z}$ ss.

Liq. Potass. Ars.  $\mathfrak{m}$ xxx.

Infus. Gent. Co.  $\bar{z}$ j.

Aquæ destillatæ ad  $\bar{z}$ viiij.—coch. ij., amp. ter in die, post cibum.



To the delight of B. D. his legs soon healed. One evening, however, shortly after the disappearance of the eruption, I was summoned hastily to see him, as he was supposed to be dying. I found him suffering severely from asthma. I administered hot water until he ejected the contents of his stomach. He had, a few hours previously, eaten heartily of beef-pudding and cabbage. The vomiting relieved him; nevertheless the asthma continued, though to a modified extent. The following morning, finding him still suffering, I ordered him to soak his legs in a pailful of hot water, in which four ounces of mustard had been well mixed. This speedily caused the eczema to reappear in the former locale. At once his asthma subsided.

He refused to carry out legitimate instructions, I therefore declined longer to attend him. I lost sight of this patient altogether.

CASE XXII.—J. M., aged thirty-five, a farmer's wife, fell under treatment in April, 1866, suffering from Eczema Rubrum of the right leg. I confined her to bed, placed her on a diet of vegetables and milk, and used the following medicines:—

R—Liq. Donovan. ℥ss.

Tr. Cinchon. Co. ℥iss.

Spt. Ammon. Aromat. ℥ss.

Aq. ad ℥viij., sumat sext. part. ter in die.

R—Ad. Acet. Fort. ℥j.

Liq. Plumbi Diacet. ℥j.

Spt. Vini Rect. ℥j.

Liq. Opii Sed. ℥iij.

Aquæ ad ℥xx. Make a lotion to be kept constantly applied.

The leg speedily improved, but all attempts to set the digestive apparatus in order proved futile.

She resided in a country district where baths were unobtainable. I took my leave, having explained that she must look forward to a further attack of sickness before much time had elapsed.

Three days afterwards, I was again summoned to attend J. M. Eczema had reappeared—on this occasion, on both legs. I allowed her nothing but milk, soda-water, and grapes. I applied hot opiate lotions to the limbs. Recovery from the eczema was slow. When, however, the eruption terminated in desquamation, the indigestion from which she had, so long, suffered, had almost entirely disappeared.

Why, I ask, should a delicate individual continue to suffer, year after year, and, finally, pass through a painful attack of erysipelas, eczema, gout, or rheumatism, when by the use of such an agent as the Russian vapor-bath, he may withdraw poisonous material from his system in a perfectly painless manner?

CASE XXIII.—J. S., a widow, aged sixty, fell under treatment for erysipelas of the head and face, three times during the year 1876. The crisis of the third attack was so serious in character, that I felt compelled, upon her recovery, to warn her as to future possibilities, in a manner as decided as it was fatherly.

She promised that she would entirely abandon the use of tea, coffee, cheese, the crust of pie and pudding, and ale and wine; also that she would consent to walk a distance of, at least, three miles daily.

About eighteen months afterwards, I met her in the street. She told me she had implicitly followed my instructions, and was now in the enjoyment of better health than she had experienced for many years. She added, that she saw that I was correct in stating that her past attacks were Nature's struggles after health.

CASE XXIV.—C. V., aged forty-five, a colonel's widow, came under treatment in August, 1864.

*Symptoms.*—Flatulence, heartburn, dislike of food, combined with a feeling that she must, nevertheless, either take it or sink. Tongue foul, breath offensive, bowels constipated. Spirits so depressed that she was constantly in tears. Sometimes feared she should make off with herself. Rest disturbed by horrible dreams. Was always either sleepless or very drowsy.

*Treatment.*—To walk at least three miles daily. To sponge with cold water, from head to foot, every morning. To adhere closely to the following scale of diet:—

*Breakfast and Tea.*—Cocoatina, very milky. Cold buttered toast, a little bacon, or an egg.

*Dinner.*—Beef-tea and charcoal biscuits for the next three days. Afterwards vegetables, fruit, soup, and milky puddings. At the expiration of a week, to make trial of a little boiled fish. Gradually to creep up to meat.

*Supper.*—Better without any; but, if very hungry, a little milk and water, and a charcoal biscuit.

*Medicine.*—To take

R—Ad. Nitro-Mur. Dil.  $\bar{3}$ ss.

Tr. Calumbæ  $\bar{3}$ j.

Syr. Zingiber.  $\bar{3}$ ij.

Aquæ ad  $\bar{3}$ vij., sext. part. ter die, horâ unâ post cibum.

C. V. made a rapid recovery. In August, 1865, she wrote that she was perfectly well. She added, naïvely, that her friends violently opposed her consulting me, in the first instance, inasmuch as they felt convinced that my starvation system would soon kill a person in her then weak state of health.

CASE XXV. — Miss A. M., aged nineteen, resident in London, and recommended to me by a former fellow-student, came under treatment in August, 1867. She had been dyspeptic and, consequently, highly nervous for several years. Of late had been unable to sleep without taking a dose of chloral-hydrate every night. Still became weaker.

After investigating this case thoroughly, I arrived at the conclusion that, if A. M. would regulate her diet, and abandon her accustomed dose of chloral, she would speedily improve in health. This she steadfastly refused to do, on

the ground that she should not sleep a wink if she were to omit to take her narcotic.

One afternoon I was summoned hastily to attend A. M. I found she had experienced an attack of epilepsy.

I, now, most peremptorily ordered, that not another dose of chloral—or, in fact, of any narcotic—should be taken. I, further, enjoined a light nutritious diet, also daily general ablations.

The patient improved rapidly. She returned home, at the expiration of four weeks, a changed individual, acknowledging that chloral was not, as she had supposed, a necessity of her existence.

CASE XXVI.—M. W., aged about forty-five, a tradesman's housekeeper, was under treatment for asthma, dependent upon indigestion, on various occasions between the years 1862 and 1866. Light diet and alkaline medicines, never failed to afford considerable relief. In 1867 her master, who was a veteran total-abstainer, induced her to sign the pledge. The result was, that the asthma entirely disappeared.

Drs. Gull and Benjamin Richardson are beyond

all question, justified in affirming that many a man who is a very moderate drinker, nevertheless, dies of drink.

Many stomachs are so keenly sensitive as to be quite unable passively to endure the presence of alcohol, even in minimum quantities.

To them, at least, it is veritably an irritant poison.

CASE XXVII.—Jane P., aged about fifty, had suffered from bilious indigestion for many years, but had not experienced much relief from medicine. Her struggles after breath, when attacked by dyspepsia-asthma, were terrible to witness. Her conjunctivæ were swollen to such an extent that the eyes appeared to be almost floating in fluid. Her face was, at all times, congested.

*Treatment.*—To walk two or three miles daily. To sponge from head to foot, piecemeal, every morning, using water at first tepid, but gradually reduced to cold.

*Diet.*—Never, from that hour forward, to taste tea, coffee, cheese, beer, wine, spirits, the crust of pie or pudding, any article of diet either warmed-up or cooked enclosed in crust. To live exclusively on a diet of milk, vege-

tables, fruit, and fish—the last to be raised to meat if the stomach were found, in course of time, to be sufficiently strong to tolerate the change.

I attended Jane P. for about a fortnight—then I left her, and, 'midst the hurry of a large practice, entirely forgot her. Some twelve months afterwards, I met her in the act of taking her daily constitutional. She informed me that, thanks to adhering closely to my system of diet, she quite lost the asthma, shortly after I ceased my visits.

*Remarks.*—This was, apparently, a hopeless case; one, in fact, of congestion of the internal membranes, of a very marked character.

December, 1881.—Jane P. has just died. Her husband informs me that her death was caused by fatty degeneration of the heart, plus bronchitis. He adds that she followed up the rules of diet that I gave her in 1871, for many years; both eating and drinking sparingly. She had been laid up for several months prior to her decease.

There can be, I take it, no reasonable doubt but that a carefully selected diet, added many years of comfortable existence to the tail of J. P.'s life.



CASE XXVIII.—In September, 1871, I was summoned, in hot haste, to the bedside of A. T., aged forty, who had thrown up a quantity of blood and was supposed to be dying.

Upon arrival I found that A. T. had vomited about twelve ounces of blood from the stomach. She was a sallow, bilious woman, and had suffered much from indigestion.

*Treatment.*—I confined her to bed, and ordered her to live exclusively on soda-water and milk, plus the jelly of grapes. Under the influence of this light diet, conjoined to rest in bed, the liver slowly unloaded itself; the patient, day after day, passing motions that were almost black in color.

She made a recovery, tedious in duration, though satisfactory in result.

*Remarks*—This was a clear case of ulcer of the stomach, and, as usually happens in such disorders, dependent upon obstruction of the liver.

CASE XXIX.—In March, 1868, I attended T. A., a professional man, aged forty-two, who suffered severely from indigestion, and consequent asthma. Week after week passed by, yet T. A. became thinner and more debilitated, and,

that too, in spite of nominal obedience to the diet scale I had laid down for his guidance. At last I boldly inquired of his wife if I was correct in supposing that he drank more freely of wine than was good for him. She replied that, though never any approach to a drunkard, he had been a somewhat free drinker from the age of sixteen; and added, that several physicians of high repute, whose names she gave me, had pronounced his case perfectly hopeless.

A second examination of his urine confirmed a diagnosis that I had previously made, to the effect that he was in an advanced stage of albuminuria.

By dint of much persuasion, he consented to try my new system, as he called it, for the space of six months. The new system consisted in the total abandonment of alcohol, also narcotics of all kinds; the diet to consist entirely of milk and grapes, and to be gradually raised, through the stages of beef-tea, soups, vegetables, and fish, until it, finally, reached the stage of meat.

Now for

*Results.*—At the end of four months he had gained three stones in weight; was perfectly free from asthma; could eat a beefsteak for his

breakfast; walk four or five miles daily; and remain out of bed from 8 a.m. until 10 p.m., instead of from noon till two, as heretofore. An examination of his urine proclaimed the fact that the late disease of the kidneys had, to a great extent, subsided.

Now for the dark side of the picture—

Circumstances separated him from me. He returned to his old habits, and in a few months, died, I am told, suddenly; another victim to so-termed moderate drinking.

CASE XXX.—On December 20th, 1881, I visited Miss M. S., aged fifty-eight, whom I found propped up in bed, suffering from asthma, plus suffusion of face, conjoined with congestion of liver and kidneys, and irregularity of heart's action. Her urine I found to consist, to about the extent of one-third, of albumen. I ordered that all heavy food, such as wine, ale, and meat, should be immediately abandoned. M. S. rapidly improved. Upon examining the urine *fourteen days* after the date of my first visit, I found that the specimen sent contained no albumen. Fearing lest a mistake had occurred, I sent for a second specimen. This also I found free from deposits. The progress towards recovery that

M. S. made was scarcely credible, it was so rapid. She appeared like a bird let loose from its cage. I ceased my visits on February 7th, reminding her that, on the one hand, the weather was very cold; on the other, her bitterest foe on earth was a chill.

Now for the other side of this brilliant picture. M. S. sustained a severe chill about March 12th. On the 14th she was taken very ill. On the 18th I was sent for, and found her with consolidation of almost the entire left lung, and the greater portion of the right. Drugs appeared almost powerless. The right lung, in due course, opened out, except at the base; the left remained permanently in its hepatic condition. Still M. S. seemed fairly well, and suffered but little from dyspnoea. Her urine remained free from albumen.

On September 10th I was again sent for. M. S. could neither eat, drink, nor sleep, and complained of an insupportable burden at the chest and loins. She was again voiding albumen in large quantities. Drugs proved perfectly impotent with M. S. She died on November 5th.

*Remarks.*—The case of M. S. is one of the bitter professional disappointments that the

physician must be prepared to meet with. I confess that I grieve over it. M. S. ought, in my opinion, to have lived many years, had she followed my advice—used reasonable care.

CASE XXXI.—In July, 1876, I was called, late one evening, to see M. B., aged about twenty-five, whom I found dying. She had suffered from indigestion for many years, but had never laid up for it. That morning, feeling poorly, she had asked her ordinary medical attendant to send her a little physic. So trivial in amount, however, did he consider her ailment to be, that, when sent for in the evening, he refused to attend.

*Remarks.*—This was, in my opinion, a case of perforating ulcer either of the stomach or duodenum. Doubtless appropriate treatment would, had it been entered upon, many months previously, have warded off this family catastrophe.

N.B.—In spite of oft-recurring calamities, such as the death of M. B., the physician experiences the greatest difficulty in inducing his patients to believe that *functional derangement, existing year after year, points to organic disease at last.*

CASE XXXII.—T. M., aged between forty and fifty, was frequently under treatment between the years 1860 and 1873, suffering from chronic dyspepsia, the result of congestion of liver. In those days he was very stout, and consequently much addicted to leading a sedentary life.

On March 30th, 1881, he came to Canterbury to consult me. He had become thin, and now suffered but little from dyspepsia. His most prominent symptom consisted in great pain in the neighbourhood of the bladder—nay, in the region of the pelvis, generally associated with an almost continuous desire to void urine. A careful examination of T. M. convinced me that his disease was chronic inflammation of the bladder.

*Treatment.*—I told him at once that, whereas I could, in no degree, assist him unless he would yield implicit, unquestioning obedience to rules laid down, I could do great things for him if he would consent to carry out instructions given to the very letter. My prescription was (to write succinctly)—*Milk diet and continuous rest in the recumbent posture.* I further enjoined the use of a hot hip-bath in case of a recurrence of extreme pain, and directed that a suppository, containing half a grain of opium, and a quarter of a grain of

extract of belladonna, should be passed into the lower bowel night and morning. On July 5th, T. M. again came from Dover to see me.

He stated that, though he had suffered severe pain for three years prior to consulting me, and had swallowed bucketsful of medicine without obtaining any relief, he had experienced only slight inconvenience under the new plan of treatment employed. He, further, declared that he did not find it necessary to restrict himself to anything beyond very light diet ; and added that he found he might even *saunter* for a mile or so daily with impunity. He moreover stated, that he found it quite unnecessary to continue to take the anodyne medicine I had lately prescribed.

December, 1882.—I see T. M. occasionally. He remains in fair health.

*Remarks.*—T. M. has a friend whose case is pronounced to be of a nature similar to his own. Upon T. M. urging him to seek advice at my hands, the latter refused to do so, giving, as his reason for refusal, his conviction that *starvation, such as that practised by T. M., would speedily kill him.*

So much for prejudice !

The more I see of disease, the more ingrained becomes my opinion, that there is scarcely a chronic inflammation, or chronic congestion, to

which the body is subject, which is insusceptible of, *at least*, vast amelioration, by means of milk diet (so termed) and prolonged rest in the recumbent posture.

CASE XXXIII.—B. W., aged forty, has, since infancy, suffered from indigestion. Of late, family troubles, plus losses of money, have beset him on all sides. Two small ruptures—one in each groin—have, as a result of depressed vital powers, formed. Is not conscious of having overstrained himself; but, having a large family dependent upon his earnings, is very anxious to, if possible, rid himself of his herniæ.

I explained that, inasmuch as he was beginning to descend the hill of life; and inasmuch as, moreover, his protrusions were, as far as I could ascertain, the outcome of a natural yielding of tissue, I could not promise any result beyond relief obtained by mechanical means. Nevertheless I advised him to consult a London specialist. The latter guaranteed him a cure, within two years; and ordered him a new form of truss, for which the maker charged three guineas.

B. W., like most dyspeptics, possessed a highly sensitive skin, and, not infrequently,



suffered from eczema. His truss kept him in a state of continued irritation, round the pelvis; moreover, the hinges formed by the junction of the springs with the pads, frequently picked up the pubis. He bore his purgatory, with comparative equanimity, for the space of three years. One morning he, maddened by prolonged suffering, called and informed me, that unless I could supply him with something in the form of a truss, much less irritating than that which he was then wearing, he must seek other advice, as he would no longer consent to bear pain, which he believed to be susceptible of obviation, by means of skilful surgery.

I obtained from a neighbouring chemist an ordinary spring truss of the required size; and this I adjusted with my own hands.

Within a week the redness of skin had departed from the whole of the recently-invaded surface, with the exception of one patch, about an inch in diameter, and situated over the last dorsal spine of the sacrum. This patch, however, persistently refused to yield to the soothing treatment adopted.

I now removed a portion, two inches in length, from the back of the spring of B. W.'s truss. This afforded relief to the tender spot

mentioned. Nevertheless, the pressure induced by the divided ends of the spring proved insupportable. I removed a further portion, two inches in length, but, alas, with only a similar result. I now took away a third portion, of like dimensions; but still the pressure proved unendurable.

I obtained from Maw's, Aldersgate Street, a truss made of the very best, and consequently softest, materials; and containing a spring of *extreme feebleness*. From that spring I directed a saddler to remove nine inches of the middle portion, and, very carefully, to re-sew the coverings.

What small amount of grip was necessary, I obtained through the medium of the grasp that the remaining portions of spring exerted upon the ilia, resting as they did, between the superior and inferior spines. Pressure I secured by means of a strap passed from a pin situated on the back of one pad, to a corresponding pin, projecting from the back of its fellow. The instrument thus produced answered its purpose admirably.

Maw's firm is prepared to vend appliances of the kind for the sum of seven or eight shillings. I have requested that every truss of

this variety that they sell shall be impressed with my name; also the size, stated in inches.

I drew the attention of the profession to this form of truss in "The Lancet," of April 12th, 1879.

The advantages that I believe it to possess are as follows:—

Whilst perfectly fulfilling the object for which it was called into existence, it is—

- (1) Inexpensive;
- (2) It never irritates the skin;
- (3) It cannot become entangled with the pubis.

Inasmuch as it fits closely, and requires but dwarf brass pins,

(4) It does not impart a bunchiness to the figure;

(5) It does not destroy the under garments; or,

(6) Cause them to ride up and collect in a roll on the loins; also

(7) It does not demand the use of galling perineal straps to keep it in position.

(8) It presents the minimum of impediment to the introduction of the hands to the trousers pockets.

There are sundry precautions to be taken during the process of manufacture of this truss; these, however, Messrs. Maw's workmen are well

posted in. I recommend sufferers from the milder forms of hernia—*mere bubonocèles in fact*—to obtain these instruments from Messrs. Maw, through the medium of their local druggists.

B. W. was delighted with his truss. He has not had an irritable spot on his pelvis since he began to use it.

The late Mr. John Adams, surgeon to the London Hospital, who chanced to be staying in Dover, saw this patient in consultation with myself. He highly approved of the truss I provided. He further gave it as his opinion, that a cure of the hernia was a termination of the case, scarcely to be hoped for.

Shortly afterwards, B. W. applied to me stating that as soon as his stomach became upset, his ruptures always gaped very much. I purchased a Savory & Moore's ear-douche; I removed the nozzle, and substituted therefor a flat rose.

By means of this he irrigated his inguinal regions night and morning. The stream of water thus adjected bound him up beautifully, he said.

B. W. continues to suffer from indigestion. He has given up all hope of curing his herniæ.

He uses his douche persistently. He often rallies me about my friend, the London specialist, and pronounces the £3 : 3s. truss to be a transaction that put, at least, £1 : 1s. into the specialist's own pocket.

December, 1882.—I frequently see B. W. He remains more than satisfied with his truss.

CASE XXXIV.—C. F., aged fifty, consulted me in 1865. He had suffered from indigestion, also from eezema, for many years; but by very far the greatest of his troubles was prolapse of the lower bowel.

*Treatment.*—To live on light diet; to eschew tea, coffee, cheese, beer; also suppers. To pump a stream of cold water, against his perineum, for five minutes, night and morning.

I only saw C. F. once. Two years afterwards he again called on me in reference to the illness of a very aged relative. He told me that my water-douche soon took his bowel up.

CASE XXXV.—C. J. and M. J. have (January, 1883) been under treatment for several months, on account of prolapse of the bowel, a disease from which their mother suffered for many years.

They are brother and sister, the former fair, the latter dark, and aged respectively, twenty-four and nineteen.

Light diet; cold sitz-baths and a prolonged course of strychnine, have together done great things for them.

A resumption of indigestible food at once causes a return of the prolapsus.

April, 1883.—The patients have taken no medicine for several weeks, and are practically cured.

CASE XXXVI.—T. G., aged sixty, consulted me in January, 1878. Had been under treatment for two years, on account of cough, coupled with frequent vomitings. Did not suppose I could do him any good, in fact, believed he was doomed; and would rather die than suffer as he did.

A careful examination proved to me that T. G.'s principal ailment was congestion of soft palate and upper part of pharynx.

*Treatment.*—To remain indoors whenever the wind blew from east or north; to walk briskly in the open air when it came from west or south. To abandon tobacco-smoking at once and for ever. To live on light food. To wear,

round the throat, every night, a flannel well sprinkled with warm water, a dry flannel being superposed. The affected portions of the throat to be brushed lightly over with Tr. Ferri Perchlor., every morning; to use a steel gargle (Tr. Ferri Perchlor. ʒj., Aq. destill. ad ʒviiij.) three or four times daily.

*Results.*—Within three days he was much relieved. At the expiration of a fortnight he considered himself cured, and right glad was he to have no more brushes down his throat.

In my opinion, much of the dread that patients entertain in reference to the painting of the throat, arises from the fact that practitioners are not quite as careful as they might be to avoid touching structures, rendered morbidly sensitive by diseased action, with the *quill* of the brush used. I have never yet met with an individual incapable of tolerating contact with the soft bristles of the instrument.

CASE XXXVII.—M. A., aged sixty, fell under treatment in September, 1882, suffering from lupus, which had eaten away a great portion of each ala of the nose, and very materially destroyed the septum also. She stated that she had been taking physic for a period of ten years,

and that her former medical attendants had advised her to eat and drink all she could swallow, and to take cod-liver oil.

*She had been dyspeptic from childhood, and the more intense the indigestion, the more her nose had, at all times, smarted and burnt.*

*Treatment.*—I enjoined the anti-dyspepsia diet so often mentioned, and directed the using of the following remedies:—

R—Liq. Donovan ʒj. ℥x.

Tr. Aurant. ʒij.

Ess. Limon. ℥iv.

Aq. ad ʒviiij., sumat ʒss. t. d. post cibum.

R—Ung. Hyd. Nit. Ox. ʒj.

To be applied to the entire ulcerated surface, with a small camel's hair pencil, night and morning.

In a fortnight M. A. returned, assuring me that she had not been so free, either from smarting of the nose or from indigestion, as she then was, for many years.

When M. A. called on me, about November 20th, her nose was nearly healed. She stated that if she upset her stomach by unsuitable food, the indigestion, the smarting, and the ulceration of nostril, all three forthwith reappeared.



About December 1st the land surrounding M. A.'s dwelling began to be flooded. At once the lupus returned in full force.

March, 1883.—The nose is very bad indeed.

---

The three following cases illustrate the power of displacement of organs in the causation of dyspepsia.

CASE XXXVIII.—J. D., aged twenty-eight, a refreshment-house-keeper, came under treatment, suffering from indigestion, in June, 1876. He stated that he had been slightly dyspeptic for several years; that he had ruptured himself about twelve months previously, and had been worse since the occurrence. Upon examination I found him suffering from a bubonocoele in the right groin.

I gave him the necessary instructions as regarded diet; ordered him to wash from head to foot every morning; and to wear a truss, such as I should obtain for him.

J. D. was, in common with other dyspeptics, extremely thin-skinned. In a few days he came back telling me that his truss had rubbed his spine sore, and that he could not bear the infliction, as he had to do a great deal of stooping. I had the truss altered to the pattern worn by B. W.

The sore on the spine soon healed, and the indigestion nearly disappeared.

N.B.—It is my custom, when dealing with the victims of hernia, invariably to recommend the use of the double form of truss. My reasons for so doing are that, no matter whether the lesion arises from accident or debility, that which affects one groin must, to a great extent, affect the other also. Moreover, the sufferer will, to a certainty, though perhaps unconsciously, overtax the sound limb in order to lighten the load of that which is already in a state of imperfection.

CASE XXXIX.—M. W., aged fifty, the mother of ten children, sought my advice in 1876. Her uterus was not only prolapsed, but superficially ulcerated also. Her great complaint, however, was, that if she only took a cup of tea, it lay like a lump of lead at her chest.

A few applications of caustic cured the ulceration of the prolapsed organ. I returned the uterus to its natural position, and retained it there, by means of an elastic pessary. This, conjoined with a regulated diet, daily ablutions, and a course of strychnine pills, afforded vast relief to M. W.

CASE XL.—M. N., aged forty-eight, lodging-house-keeper, came under treatment in June, 1878. She suffered much from dyspepsia. Her life was despaired of, after the birth of her first child, thirteen years since. She has now an umbilical hernia, the size of two fists. She cannot trace her rupture to any accident. Thinks it came of itself.

A persevering catechization convinced me that the rupture was caused by general debility, the result of indigestion.

*Treatment.*—To wear an abdominal belt with elastic sides: to live upon the dyspeptic's diet, already mentioned; to have a cold shower-bath every morning, and to take a strychnine pill night and morning.

*Remarks.*—At the expiration of three months, this patient had greatly improved in general health; also, the gaping sensation, that formerly existed in the neighbourhood of the hernia, had disappeared.

CASE XLI.—A. P., draper's wife, came under treatment in March, 1862. She was six months advanced in her first pregnancy. Her stomach would retain nothing. Her chest scalded as if burned with hot lead.

In this case there existed a peculiarly ugly symptom. One side of her face was flushed, the other pallid. I explained to her relatives that this betokened an irregularity of nervous distribution, that caused me to look forward to her accouchement with feelings of the gravest apprehension.

Every means employed by myself and a brother practitioner to arrest vomiting proved futile. One morning, when I called, she appeared very much relieved. She informed me that some medicine, brought by her father from the country, had arrested the vomiting in a few hours. Of course I begged leave to read the prescription, according to which it was compounded. It ran as follows:—

R—Mag. Carb.  $\mathfrak{a}j$ .

Ol. Cassiæ  $\mathfrak{m}x$ . Bene misce.

Æther. Chloric.  $\mathfrak{z}iij$ .

Liq. Calcis.  $\mathfrak{z}vj$ .

Aquæ ad  $\mathfrak{z}xvj$ . Take a table-spoonful every ten minutes until vomiting ceases; then every two hours. If a dose be rejected, give a second immediately.

This I write from memory.

The vomiting ceased. Labour came on in due course. All went well for the first three days. Then restlessness and fever set in. She died of puerperal mania on the tenth day.

*Remarks.*—I have tried this same mixture with many pregnant women since I attended A. P. I have not found it *generally* successful. With some, however, it has produced excellent results. Many individuals are unable to tolerate the taste of the oil of cassia.

CASE XLII.—W. H., aged sixty, was a foreman cabinet-maker. He was a sallow man, with very watery eyes. When I first hinted to him the advisability of using caution in his diet, he smiled at the suggestion, and said that he had always considered himself a very healthy man. A few months after this event happened, I was, one morning, summoned hastily to see him, as he had fallen down in a fit. Upon examining his urine I found he was voiding albumen in considerable quantities.

I placed him upon spoon diet, and entirely forbade the use of tea, coffee, or alcohol. He refused to give up his daily quantum of ale; nevertheless, he, for a time, greatly improved in health.

Shortly afterwards I was again summoned to W. H.'s aid. He was enjoying his pipe and glass in a hot tap-room when he fell backwards in an epileptic seizure.

He now consented entirely to abandon both drinking and smoking; but, alas, his day of grace had departed. Irregular nervous action of a very marked character set in. When he had not a headache, he could digest nothing. One Saturday, he told me he was so much better, that he intended to return to duty the following Monday morning, after breakfast.

On Monday, about 8 a.m., epilepsy again seized him. He died at 2 p.m. the same day.

---

The two following cases demonstrate the power of mental emotion in the causation of Indigestion.

CASE XLIII.—M. H., a married woman, aged fifty-eight, was under treatment on several occasions during 1881, suffering from foul digestion, complicated with deafness, which was partially nervous, and partially rheumatic in character.

At the end of November the digestion had very greatly improved, and the power of hearing had decidedly increased.

On December 2nd she again visited me, her symptoms being seriously aggravated. The foulness of mouth and foetor of breath were so intense that she could scarcely tolerate herself.

She informed me that her husband's custom was, at intervals of a few months, to break out into a fit of drunkenness; and added that, at such times, he was so violent in his acts, as to be simply a madman. She, further, stated her conviction, that professional treatment would prove useless under such adverse conditions.

Of course I could not do other than admit the truth of the conclusion at which she had arrived.

CASE XLIV.—E. C., aged forty-six, a man who stooped, was grey-headed, and, in fact, showed decided symptoms of premature decay, came under treatment in March, 1863. He had sent his wife, to whom he was devotedly attached, to Dover, for change of air. She was not supposed to be seriously indisposed; notwithstanding, she died with extreme suddenness, shortly after her arrival. E. C. was telegraphed for, and arrived only to receive the fatal news. When informed of the catastrophe that had overtaken him, a deadly pallor took possession of his face; he seated himself, and said very calmly, "Then I wish to go to her."

He took little or no food. He sat in front of the fire, wearing his overcoat, all day. He

spoke to no one. He said plainly, "Why should I take food? It does me no good."

This state of affairs continued for about a fortnight; then miliary tubercle began to appear in the lungs. Within five weeks of the death of his wife, E. C. was laid at rest beside her.

CASE XLV.—In January, 1873, I was called to see E. T., aged about forty-five. She had been, for several days, under treatment, before I saw her, and was pronounced to be suffering under a severe bilious attack. Her prominent symptoms were diarrhoea, vomiting; dryness of mouth, plus some amount of sordes on teeth. I speedily arrived at the conclusion that she was the victim of blood-poison.

I commenced, at once, with spoon diet, a small quantity frequently repeated; and a mixture containing quinine and arsenic.

At the end of about six weeks, she was sufficiently recovered to go for change of air—first to Tunbridge Wells, next to Malvern.

She was not herself again until the lapse of about four years. Although she had not left home for several weeks prior to seizure, all attempts, on my part, to discover the cause of her attack proved futile.



CASE XLVI.—In May, 1876, M. S., aged fifty-seven, fell under treatment. Her symptoms were vomiting, purging, dryness of tongue, sordes on teeth, and insomnia.

Knowing that, even in health, her stomach was very intolerant of quinine and acids, I treated her with—

R—Tr. Cinchon. Co. ʒij.

Spt. Ammon. Aromat. ʒj.

Syr. Zingib. ʒiij.

Liq. Pot. Ars. ʒss.

Aq. destill. ad ʒviiij., sumat ʒj. 4<sup>tis</sup> horis.

She inhabited a mansion, the drainage of which I knew to be very good; nevertheless, I examined it from roof to basement, but without discovering any cause for the attack.

M. S. was one of those wise housekeepers, who take upon themselves the active superintendence of all household arrangements.

She chanced, on one occasion, to mention, that, she had recently let her house furnished, to a gentleman of rank, and that a few days prior to seizure, she had, on retaking up her abode, discovered beneath her sink, a tub containing a large quantity of decomposing matter, both animal and vegetable. The cause of her illness was thus made manifest! This patient

has enjoyed several changes of air, and those, too, severally extending over many weeks; still the old symptoms, occasionally, show out.

May, 1879.—M. S. is again under treatment.

November, 1880.—M. S. has visited Canterbury for the purpose of consulting me. She is suffering as of yore.

July, 1881.—M. S. is again under treatment. I believe her blood-poison to be in process of slow elimination.

---

The physician, every now and then, stumbles across a case, that runs counter to all his theories in reference to diet, and appears to be governed by laws yet to be discovered. Of such a character are the three now to be recorded.

CASE XLVII.—E. M., aged fourteen, was brought to me in 1860. She was naturally delicate, and had always suffered from indigestion. Of late her spine had begun to curve, laterally.

After seeing E. M. six times, I lost sight of her for about nine months; then I was requested to visit her at her father's house. I found her confined to bed, a mere skeleton, unable to take food; in fact, to all appearances, rapidly sinking.

I suggested the taking of milk, eggs, grapes, fruit, vegetables, beef-tea, soups—but to each suggestion I received the stereotyped answer, “I can’t eat it, Doctor.”

I then requested her to name a dish that she thought would suit her palate. She replied, that she would very much relish some cold boiled beef and pickles; but added, that, of course, she knew she must not partake of *that*.

I instructed her relatives to give her any reasonable amount of her favorite dish, that she might desire.

She took almost *no* other food for a period of about six weeks; then a normal appetite began to return.

Within four months she was able to walk about the house.

November, 1880.—Her spine remains sadly crooked. Her general health appears excellent.

CASE XLVIII.—G. P., aged seventy-six, lies dying of natural decay, in 1868. She can take neither milk nor farinaceous foods. She desires principally bacon and cabbage, plus a little sherry.

I can, to some extent, understand this case. G. P. was a farmer’s daughter; consequently, in

early life, the solids she now craves for, were staple foods.

When the circle of existence is on the point of completion, it is, not unfrequently, found to be the case, that the two ends correspond, and that, too, in many particulars.

CASE XLIX.—G. E., aged sixty-two, has always been dyspeptic. Nearly died of dysentery thirty years since. Has an exquisitely sensitive spot under the cartilages of the right ribs. Can, at all times, induce vomiting by exerting the smallest degree of pressure on the tender spot mentioned. He, now, lies dying. He has been ill for some time, and was recently injured in a railway collision. Can eat nothing but lobsters and tripe.

These are sent from London, twice weekly, to his home in the western counties; and these he, apparently, digests.

The post-mortem examination, held on G. E., revealed the presence of a stone impacted in the common gall duct, and also inflammation, the result of a blow received in the collision, surrounding the spot indicated.

*Remark.* — When apparently in a hopeless condition, in consequence of the attack of

chronic dysentery above referred to, he consented, at the solicitation of a friend, to seek the advice of the late Dr. Paris. The latter prescribed for G. E.

R—Mist. Ferri Co. ℥iv.

Mist. Cretæ Co. ℥iv.

M. Sumat æger coch. j. mag. post quemq. sed. liq.

This medicine acted almost as a charm. Within twenty-four hours the diarrhœa had subsided. Within a fortnight the patient considered his cure completed.

CASE L.—M. T. R., aged eighty, had, for many years, suffered severely from indigestion. Being in easy circumstances, she was accustomed to indulge in the pleasures of the table; and from these she refused to debar herself.

On the occasion of my first visit she loudly bewailed the agonies she suffered at the hands of acid dyspepsia. She further stated, that she had, for a length of time, lost the use of her legs; also that her urine constantly dribbled from her. She refused me permission to explore the bladder.

Her insomnia was of so marked a character, that she, not unfrequently, swallowed the contents of one of Collis Browne's small bottles

of Chlorodyne, in the course of a single night. Her custom was to take soda, potash, and magnesia, *ad lib.*, in order to relieve heartburn.

At the age of eighty-six she consented to permit me to introduce a sound into the bladder. *I found the viscus nearly filled with soft calculus.*

I explained to M. T. R. that relief was scarcely to be obtained, except through the medium of an operation; but that surgical interference was a matter bristling with perils to an individual of her advanced age.

She replied that she would elect to run all risks, rather than continue to endure the torments she had, for so many years, suffered.

A London operating surgeon dilated the urethra, and, whilst the patient lay under the influence of chloroform, removed the calculus. M. T. R. sank about three hours after the performance of the operation.

The calculus was of the phosphatic variety, and was, in all probability, to a considerable extent, the outcome of the large doses of alkali she had been accustomed to indulge in, for the relief of heartburn.

*Remarks.*—This case demonstrates three facts—

(1) That long-continued functional derangement usually terminates in organic disease.

(2) That it is a most unwise proceeding on the part of dyspeptics to physic themselves.

(3) That women, when they refuse to submit to necessary examinations at the hands of a medical man, not unfrequently, by that negative act, decline to ward off future suffering.

## CHAPTER XXV.

### ON RHEUMATISM, GOUT, CONSUMPTION, CANCER, AND INSANITY.

I FEEL that it would ill become a man who, like myself, has devoted much time to the study of indigestion, to lay aside his pen without inditing a passing notice of these, its five most dire resultants. Indeed, by the light of indigestion we, I take it, learn the reason of past failures, and read the first lines of the future more hopeful treatment, of these scourges.

*Rheumatism* does not, as is popularly supposed, depend upon taking cold. The great predisposing cause is acid dyspepsia;\* the slight

\* A correspondent in Philadelphia has kindly forwarded me the "Boston Journal of Chemistry" for April, 1882. From it (p. 47) I learn that Dr. Casey A. Wood, of Bishop's College, Montreal, treats his cases of acute articular rheumatism on the negative plan of enjoining abstinence from food for a period of from four to ten days. He gives no



exciting cause is the reception of a chill—a something, in fact, that drives the blood from the surface to the already overburdened digestive tract. *I utterly deny the incurability of rheumatism—except in the very chronic cases where* either destruction of a joint, or disintegration of one or more of the digestive organs, has actually come to pass. There is scarcely a disease extant that proves more amenable to scientific treatment. The individual who will study his stomach sufficiently to prevent the supervention of acid dyspepsia, and who will keep up the action of his skin, through the agency of the vapor-bath, can scarcely suffer from rheumatism.

In cases of acute rheumatism, it is a matter of primary importance that the aid of the bath be sought, in the earliest stages, inasmuch as, when the disease is once established, the pain involved in the performance of the slightest act of locomotion, is so severe in character, as to exclude the possibility of bath-medication.

*Gout*, also, is directly dependent upon indigestion. The acid, through the agency of which,

medicine. His patients progress most favourably. Heart complications are unknown under the influence of these lines of treatment.

the system becomes, in cases of gout, poisoned, is generated in the stomach. A judiciously applied system of baths, coupled with scrupulous care in the avoidance of (so termed) *high living* in its entirety, will both prevent and cure this painful malady. The difficulty to be encountered lies in the fact that gouty old gentlemen, usually, openly confess that they would prefer good dinners plus gout, to abstinence from luxuries, coupled with freedom from its pangs. In the face of such a confession the medical man is, of course, reduced to silence. Mentally, he remarks that the speaker is a very selfish person, who, in order to gratify his own appetite, scruples not to hand down misery to perfectly innocent descendants.

It is, in my opinion, impossible for the physician to state, off-hand, the articles of diet that will prove suitable in a given case of this distressing malady.

A patient, aged about sixty, a martyr to chronic gout, has recently derived vast benefit from a close adherence, month after month, to the following diet—a diet that he has succeeded in proving to be *exactly* suited to his requirements.

*Breakfast.*—A pint and a half of oatmeal

porridge, well boiled. Milk and lunch biscuits as desired.

*N.B.*—Bread made with yeast speedily caused vomiting.

*Dinner.*—Neck of mutton, eaten with the liquor in which it is boiled, the latter thickened with pearl-barley. Lunch biscuits.

*Tea.*—Bread toasted. Fresh butter. Milk and water.

*Supper, 9 P.M.*—A baked apple.

In due course, the old-standing dilatation of capillaries disappeared from his face; of course, therefore, from his digestive organs also.

At the expiration of about six months he found he might safely return, by degrees, to a more ordinary diet.

*I as firmly deny the incurability of gout, as I do that of rheumatism.* Baths, however, must, in this disease, be used under the eye of a qualified hydropath alone. It is an inflammatory affection, and, as such, apt to throw off internal irritation in the form of erysipelas. This latter affection is very terrifying to on-lookers. The non-professional mind fails to realize the fact that a patient dies—not of a certain disease, such as erysipelas, but *in spite of* it—that every disorder is, in reality, Nature's struggle after

health. This is, nevertheless, the fact. The first three or four baths taken, should not, each, exceed five minutes in duration.

*Phthisis Pulmonalis, or Consumption.*—Whilst, on the one hand, I should consider myself to have earned the, by no means desirable, soubriquets of Quack and Charlatan were I to insist upon the curability of every case of consumption, I do not scruple to assert that judicious treatment, by means of baths and regulated diet, plus appropriate hygiene, will render many cases, that are incurable under the old system, curable under that, the adoption of which, I urge. Very much depends upon the treatment being entered upon, in the early stages, before distant organs have begun to suffer.

This disease is not so *apparently* dependent upon malnutrition as is rheumatism or gout; nevertheless it is *actually* so. What does the formation of a cavity in the lung imply? In the majority of cases, this, and this alone—That a deposit of morbid material has, some time previously, taken place in the general circulation; that that deleterious matter has been cast on one side, *outside the circulation*, and, therefore, in a sense, in a comparatively non-injurious position; and that Nature is making

a supreme effort to cast off that foreign matter. *Phthisis, like every other disease, is a desperate struggle for cure.* We know, as a fact, that even under the somewhat unsatisfactory system of treatment usually employed, one case in ten terminates favorably. In the post-mortem room we, occasionally, find cicatrices in the lungs of individuals who have never, during life, been credited with being the victims of the disease under consideration. *Yet, here, we see absolute proofs, not only that it has existed, but also that it has undergone spontaneous cure.* Unload the pores of the skin, relieve the internal congestion, and, at once, Nature has some approach to fair play—some chance of working under reasonably favorable conditions.

*Of Cancer* I desire to write but in the most guarded terms. The practitioner very seldom sees it in the early stages of the disease. In almost every case there is a distinct history of indigestion—and, consequently, of malnutrition—previously experienced. Hence, I think I may, without overstepping the bounds of honesty and prudence, assert, that if we can prevent the occurrence of congestion—the invariable sequela of dyspepsia—cancer, the first stage of which is that of congestion, may be postponed

until advanced age brings about natural decay, possibly of the cancerous variety.

*Insanity*, again, is, frequently, the direct product of dyspepsia. In many cases, rheumatism is actually present—may be discovered in the eyeballs. If taken in the early stages, regulated diet, plus scientific hydropathy, usually brings about an amelioration of symptoms. Insanity forms one side of a square, of which the other three are rheumatism, plus gout, phthisis, and cancer.

CASE LI.—In May, 1864, I was called to see E. L., aged sixteen, suffering under acute rheumatism. In addition thereto, she was the victim of valvular disease of the heart, the result of a former attack.

For diet I allowed her nothing beyond soda-water and milk, plus a little charcoal-biscuit when she became extremely hungry.

I ordered her to take a water-bath, as hot as she could bear it, night and morning, and furthermore, to continue the immersion until faintness threatened.

To the delight of her widowed mother, she recovered wonted health in the space of three weeks. Her former attack, during the course

of which she was treated by drugs alone, persisted for several months.

Since 1864, E. L. has, on several occasions, and in spite of care in diet, been threatened with a return of the malady. A few baths, taken in the very early stages of the disease, have, however, on neither occasion, failed to effect a speedy cure.

CASE LII.—B. G. belongs to a highly rheumatic family. He is, by far, the weakest member of that family, and, therefore, ought to have suffered beyond the others. He regulates his diet; he keeps up the action of the skin by matutinal cold-sponging; he leads a very active out-of-door life; he takes no alcohol. As a result he, unlike his brothers and sisters, has in no instance, as yet, been confined to the house with an attack of the family *enemy*, (?) for a longer period than one day.

If he drinks even half a glass of ale, he finds rheumatism invade the eyeballs within fifteen minutes; a cup of tea will cause the like disaster in an hour; the same quantity, taken twice daily for a week, will induce rheumatism to appear in the fingers.

B. G. has six children, two of whom were

born delicate. Thanks to regulated diet, all six are growing up healthy.

CASE LIII.—M. D., aged forty-seven, came under treatment, suffering from lumbago, on November 5th, 1875. Drugs, embrocations, hot fomentations, ironing with a hot flat-iron—the routine treatment, in fact—doing but little good, I, on the 15th of the month, persuaded her to take a Russian Vapor-bath. Although she had been, from the hour of attack, totally unable to stoop, she dressed without assistance, upon quitting the bath. She expressed regret that she did not hire a fly, and come for a bath a week previously, as I had desired. I discharged her, cured, on the 17th.

She has suffered no relapse.

CASE LIV.—W. B. came under treatment on October 9th, 1875, suffering from subacute general rheumatism. Drugs, diet, and topical appliances, proving but of little avail, I, on November 1st, persuaded him to try my Russian Vapor-bath. When in the bath-room he declined to sit, because, he said, he knew he could not get up again. Upon quitting the bath he not only dressed himself, without assistance, but even



drew on his own boots. He added, "Now, I'm ready for a fight."

The weather about this time became so inclement that he feared to quit his home. He relapsed and finally sank. I entertain no doubt but that perseverance with the bath, would, had such a course been possible, have saved this patient's life.

CASE LV.—J. S., aged forty-two, came under treatment in August, 1875, suffering from chronic rheumatism, running into paralysis, the result of indigestion, and principally induced by excessive smoking of tobacco.

I, at once, recommended him to make trial of my Russian Vapor-Bath. He pronounced it delightful, and declared he could, with pleasure, remain in it all day. Wishing to be a physician rather than a bath-proprietor, I asked of him the sum of five shillings only, each time he used it. He insisted upon paying me double that amount; nay, more, urged me, as a matter both of profit to myself and benefit to the greatest number, to erect the bath in the great centre—London.

Unfortunately, J. S. was compelled, after taking about six baths, to return to town.

CASE LVI.—F. H., a master-tradesman, was frequently under treatment, during 1877 and 1878, suffering from mild attacks of gout, a disease to which his father had been, for many years, a martyr.

I explained to him that his immunity from physical suffering, both as regarded the present and the future, lay almost exclusively with himself; that he must live, principally, upon vegetable diet; must abstain from eating suppers; must walk several miles daily; must sponge head to foot every morning; and take a prolonged hot-bath if he felt an attack setting in.

F. H. speedily discovered that he must abide by the letter of my injunctions, as the slightest infringement of the prescribed rules, brought upon his head punishment swift and condign.

The medicines that proved best suited to his requirements were the following:—

The Soda and Bismuth mixture so often mentioned. Or,

R—Magnes. Carb.  $\mathfrak{D}$ j.

Magnes. Sulph.  $\mathfrak{Z}$ ss.

Vin. Colch. f. $\mathfrak{Z}$ ss.

Aq. ad  $\mathfrak{Z}$ viiij., sumat sext. part. ter in die. Or,

R—Sodæ Bicarb. ℥j.

P. Rhei F.I. gr. x.

Tr. Calumb. ℥j.

Aq. ad ℥viij., sumat sext. part. ter die.

CASE LVII.—In February, 1875, I was requested to visit T. B., whom I found in the last stage of phthisis. Observing that one of his daughters appeared extremely unwell, I requested permission to examine her chest. As I anticipated, I found that a considerable area of consolidation existed in the apex of one lung—the left.

As the disease continued to spread, in spite of ordinary treatment, I, after the lapse of some weeks, urged her to take a few Russian Vapor-baths. I experienced considerable difficulty in persuading her that baths of this kind were not weakening in their action—that, in fact, by removing causes of weakness, they were highly strengthening. This prejudice once overcome, the patient cheerfully submitted to make trial of the bath. The result exceeded my utmost expectations.

Two baths removed the burning rheumatic pain she had, for a length of time, experienced, in the pectoral muscles of the affected side;

also the removable portion, amounting to about two-thirds, of the area of consolidation.

I examined her chest, at intervals, up to December, 1878. She experienced no return of the old symptoms. No extension of consolidation took place.

I last spoke to this patient in June, 1879. She then informed me that she continued to enjoy her usual fair health.

CASE LVIII.—M. K. fell under treatment, in October, 1876. She was nineteen years of age, and had, from her birth, lived in a high and dry locality. Two elder sisters, delicate from infancy, had died of phthisis. M., however, had, throughout life, been remarkably healthy and muscular. Frequently had her mother reproved her for indulging in trials of strength—her antagonists being young men employed on her father's farm. Her only ailment, in days gone by, had been indigestion.

An examination of the chest revealed the existence of a small cavity in the apex of the right lung. I persuaded her to lose no time in making trial of the Russian-bath. She followed my advice. The result proved astonishingly satisfactory. When she had taken three baths

only, the appetite had much improved, and the cough had subsided; also the night-perspirations had nearly disappeared. When she had taken her fifth bath I felt justified in holding out strong hopes of recovery. The day following that on which she took her sixth, sunshine gave place to cold wind, accompanied by heavy rain.

Being, no longer, able to continue the use of the vapor-bath, she lost heart and refused to take medicine. As a result, she ran rapidly down hill; and died, within three months of abandoning its use, having a cavity in the left lung as well as in the right.

CASE LIX.—J. H., aged thirty-nine, came from Dover to seek advice in March, 1879. His symptoms were—Indigestion, insomnia, aural hallucinations, inability to concentrate thought on any subject, heat of head, coldness of feet, and rheumatic sclerotitis.

I had, in 1860, attended his mother. She went out of her mind, and was confined in an asylum for many years; finally, phthisis supervened, and she returned home to die, her mental symptoms receding as the disease in the lungs advanced.

J. H. considered his case hopeless, saying he

knew he was going the same road as his mother had gone. I explained that it, by no means, followed that he should inherit her disease, more particularly as indigestion lay, clearly, at the root of his ailments.

*Treatment.*—Certainly to refrain from giving up business, as proposed. To hire a clerk, in order to obtain temporary ease. To take a cold shower-bath night and morning. Most rigidly to abstain from alcohol, meat, tea, coffee, and cheese. To live, exclusively, on vegetables, fruit, toast, a plentiful supply of milk, poultry, game, and above all, fish. To keep his mind occupied; to wear thin clothing, also a light straw hat, but warm stockings.

To take the thirtieth of a grain of strychnine night and morning.

J. H. promised most implicit obedience to my instructions. He added that he should not inform the members of his family of the details of the advice given, as he felt quite certain they would not permit him to carry them out, they considering that he required to eat animal food at least twice daily.

I saw no more of my patient, so concluded that his relatives had dissuaded him from following my instructions.

In July I chanced to meet his father, who had gone to Hastings for the day, walking in St. Andrew's Road. In reply to my inquiries, relative to his son's health, he informed me that some doctor had persuaded him to give up meat and beer and wine, and that he was very much better for the change in diet inculcated.

In the spring of 1881 J. H. came to Canterbury to consult me. At that date he continued to suffer considerably from insomnia; also he looked thin and worn. He informed me that he still adhered to his system of light diet, finding by actual experience that the slightest departure therefrom speedily brought about an exacerbation of untoward symptoms.

CASE LX.—B. J., in early manhood, possessed surprising activity and exceptionally great powers of endurance. In February, 1872 (he having, at that date, arrived at the age of thirty-five years), crushing domestic trouble fell upon him. From that day he began slowly to fade. In July of the same year, an inguinal hernia appeared spontaneously in each groin. In 1875, his London physician pronounced him to be the victim of fibroid phthisis. In December, 1879, brouchitis invaded the whole

of the left, and the greater portion of the right, lung. From this attack he made but a partial recovery. At the beginning of March, 1880, it became evident to all onlookers that, unless vigorous measures were resorted to, his life must speedily become forfeit. Dyspnoea was so marked, that even to cross his dining-room demanded a supreme effort. Appetite had almost deserted him. He was racked with a cough, which, usually, terminated in the rejection of the trifling amount of nourishment he had recently taken. Not only his fingers, but half his hands also, died, for some hours daily. His tongue was covered with a thick fur. His face was pallid and deeply lined. His pulse was empty and flaccid. He voided phosphates in large quantities. His bowels acted six or eight times in the course of twenty-four hours. On one occasion, he, craving after fresh air, took, against the advice of his friends, a very short walk, and ascended a hill of the most trifling altitude. He arrived home with a pulse of 120. After an hour, spent in reclining upon a couch, it had only receded to 108.

B. J. now consented to make trial of the Russian Vapor-bath. He took it twice on each week-day, and for five weeks in succession.



At the end of the first week his relatives could scarcely realize the change for the better, that had taken place in his condition. He coughed much less frequently, his appetite had begun to return; his tongue had, materially, cleaned; his pulse had become fuller; his countenance had assumed a brighter aspect; the faces of the two men who had deeply wronged him, years previously, no longer haunted him; his bowels acted but twice daily.

As soon as, owing to the exigencies of business, he ceased to take the bath, he began to lose ground upon all points.

On May 1st, he was wonderfully improved, by comparison with his condition of two months previously, yet, not in as satisfactory a state, as when he abandoned the use of the bath.

On May 20th, orchitis, doubtless of a rheumatic character, overtook him. He refused all medical treatment therefor, contenting himself with assuming the recumbent posture whenever opportunity offered.

*Remarks.*—Inasmuch as the surroundings of B. J. were not favourable to recovery; inasmuch as the wind varied between east and north; and inasmuch as, owing to sensitiveness of lining membrane, he refused to swallow

drugs; during his five weeks of treatment, his rapidity of improvement must be attributed to the Russian bath *alone*. It proved an invaluable means of diagnosis in B. J.'s case. He is a member of a rheumatic family. Thanks, however, to spare diet, abundant exercise, and daily general ablutions, he had, *as he imagined*, hitherto succeeded in keeping the disease at, comparatively speaking, arm's length. Day after day, however, as he reclined in the bath, he felt the family enemy attacking both eyeballs and fingers. *Clearly the bath was in the act of withdrawing suppressed rheumatism from the system*. It is B. J.'s intention to resume its use at the earliest possible date.

The details of this case confirm my opinion that suppressed rheumatism assumes the form even of bronchitis.

July, 1880.—The late preternatural sensitiveness of gastric mucous membrane has subsided to such an extent, that B. J. is, now, enabled to take, without nausea or faintness following, fifteen grains of iodide of potassium three times daily.

N.B.—I commend this case to the special attention of those individuals who, like B. J. in times gone by, suffer from twinges of rheumatism, yet fail to realize their serious import.

I reported it in the "British Medical Journal," of June 19th, 1880.

January, 1883.—A prolonged course of Fellowes' Syrup of the Hypophosphites has recently done much for B. J.

CASE LXI.—J. C. was dyspeptic, and very stout. I frequently attended members of his family during the years 1862—67. In the year last mentioned he removed from my locality.

In November, 1880, I, whilst standing in a shop, stumbled across a spare, white-headed man, who, recognizing me, introduced himself as my former patient J. C. He assigned as the cause for the change that had taken place in his appearance, that he had lately recovered from an attack of rheumatism *three years* in duration. Two years of this period had been spent in bed. I suggested the frequent use of Vapor-baths. To this he replied that no form of medication had done him so much good as Turkish-baths.

Nature has, in the case of J. C., done her work of restoration in an exceptionally perfect manner, not one of his joints remaining either stiff or in any degree deformed.

Selected diet, plus the use of the Russian bath, would, had it been undertaken at a period antecedent to the date of attack, have spared J. C. thirty-six months of physical suffering with its attendant financial ruin.

May, 1882.—J. C. has again been laid up with rheumatism. He states that he now feels better in health than he has felt for many years.

CASE LXII.—In April, 1880, I was consulted relative to the case of C. W., by profession a surgeon-dentist. Throughout life he had been dyspeptic. Five years since rheumatism, slumbering and migratory, had attacked him. Twelve months since he had begun to void gravel in considerable quantities.

Eight weeks ago, he had, at the request of Dr. W., of C., begun to take pepsine in large doses. The result of the use of the drug had been the immediate cessation of the gravel.

His relatives had become anxious lest the disappearance of gravel portended the formation of stone in the bladder.

Of this, however, there appeared no evidence. I therefore congratulated C. W. on his good fortune in having discovered the remedy exactly

suitcd to his case, and urged him to continue the treatment recommended by Dr. W.

CASE LXIII.—F. C. enjoyed excellent health until the end of the year 1870. After the birth of her second child in January, 1871, she, however, suffered from puerperal cellulitis. In the midst of her illness she underwent a severe mental shock. In 1875, when she was eight months pregnant, she encountered another shock. This last was so severe in character as to cause a slate-coloured cloud to overspread her face. This cloud only partially receded. In October, 1877, shortly after the birth of a child, an abscess in connection with the left kidney broke and voided more than a pint of pus. This abscess was the result of the shock sustained in 1875. From that date she has been the victim of indigestion, coupled with sordes on teeth. In 1879 she began to suffer from Eczema and Psoriasis of both hands. In January, 1881, she again underwent an attack of puerperal cellulitis, followed by a fresh outburst of Eczema and Psoriasis, this time of fingers.

F. C. is very intolerant of drugs. She is by no means as careful in diet as she ought to be.

Unfortunately also, she is prejudiced against Vapor-baths.

May, 1881.—The Psoriasis has extended to the arms. The sordes have, long since, disappeared.

January, 1883.—The Psoriasis frequently breaks out. The sordes seldom appear now-a-days.

## CHAPTER XXVI.

### ON INDIGESTION AMONGST THE POORER CLASSES.

LADY-VISITORS and other philanthropists who throw themselves in contact with the poorer classes, may do much to relieve them of their almost universal ailment—indigestion. They should teach them—

(1) That their houses, as well as their bodies, must be cleansed at intervals brief and regular.

(2) That curtains, and dwarf blinds, must be removed, and their place supplied by roller-blinds, which latter must (except, of course, when the sun shines in strongly) be drawn to the top of the upper sash; the reason for the ordering of such a change being that, whereas, their houses are, through faultiness of construction, enveloped in comparative darkness, the presence of light is indispensable to the health of the in-dwellers.

(3) That foul air of all kinds, must be, as much as possible, avoided, and that the air of the house must be renewed at intervals.

(4) That the teapot, that is usually to be found stewing on the hob, must be given up at once, and for ever, and cocoa or water substituted for its contents. That plain water, obtained from a water-company, must, in conjunction with any harmless drink, take the place of beer. That

(5) Bread, toasted and eaten dry, is far more wholesome than when left untoasted and eaten with inexpensive butter. That

(6) Meat is merely a luxury of life. That fish, if fresh, forms a very wholesome dish; and that the vegetable kingdom supplies ALL the elements necessary to nutrition.

(7) That infants must be suckled—not fed.



## CHAPTER XXVII.

### SUMMARY.

LET us pick up our threads. I contend that INDIGESTION is caused by—

(1) Imperfection in the organs more immediately concerned in the digestive process;

(2) Disorder or disease in distant organs; and,

(3) Unsuitability of food. Also that

(4) It invariably leads to mal-nutrition, and is consequently

(5) The first cause of every disease to which man is heir. Furthermore,

(6) That the enormous majority of individuals suffer from indigestion, in one or more of its many forms.

That, as regards freedom from bodily suffering,

(1) Appropriate food will soothe irritable digestive organs; whereas,

(2) Inappropriate will vex them.

(3) That the *Indigestion of Infants* is usually dependent upon the administration of unsuitable diet, and is the great *cause* of infantile mortality, of prolonged debility, and of premature death.

(4) That the *Indigestion of Youth* is brought about, not only by inappropriate diet, but also by excessive study, unfavorable mental impressions, overcrowding, insufficiency of clothing, and several minor causes.

(5) That *Acute Indigestion of adult age* usually depends upon the ingestion of unsuitable food, and is best treated by hot-water emetics, and rest to the digestive organs. That in regard to

(6) The *Chronic Indigestion of adult age* both symptoms and treatment permeate the whole domain of practice of medicine. That in regard to

*Treatment*, the chief items are as follows:—

(1), and most important of all,

*Diet*, graduated carefully, according to the greater or less strength of the digestive organs; and, *contrary to the popular belief*, consisting principally of vegetables and fruit, to which may be added animal food in the fluid or semi-fluid condition. That, in certain exceptional cases, it must consist almost entirely of

animal food—nay, even of flesh itself. That the articles of diet that, usually, cause indigestion are—tea, coffee, cheese, alcohol in all its forms, anything either cooked enclosed in crust, or warmed a second time, vegetables that are strong to the taste, nuts, vinegar, shell-fish (except oysters), and grocers' currants; that some stomachs require food to be given at short, and others at longer intervals; that suppers usually disagree, inasmuch as, when the brain is asleep, digestion can scarcely proceed in a satisfactory manner; and that the drinks of the dyspeptic should consist of water, effervescent, fruit-syrups, cocoa, cocoa-tina, and PERHAPS a TINY modicum of whisky, brandy, or claret, very much diluted. That, in regard to

(2) *The Manner of Eating*, dyspeptics should eat slowly, should refrain from drinking whilst eating, and should partake of nourishment at the intervals that they find best suited to their idiosyncrasies. That, in regard to

(3) *Drugs*, many, such as soda, bismuth, rhubarb, hydrocyanic acid, and aconitine, will afford temporary relief; but strychnine, phosphorus, and possibly quinine and iron—the latter two most cautiously administered—can alone be regarded as curative agents. That, in regard to

(4) *Purgation*, drugs must be abstained from, and the object attained by means of appropriate diet, galvanism, and hydropathy scientifically used. That

(5) *Engrossing mental occupation* ;

(6) *Clothing*, sufficient, but not excessive ;

(7) *An outdoor life* ; or, its nearest substitute,

(8) *The inhalation of oxygen gas* ;

(9) *Free mixing in Society* ;

(10) *The cultivation of music* ;

(11) *The use of the sun-bath* ;

(12) *The avoidance of foul air*, of all kinds, and—that deadly poison—*sewer gas*, are necessities of existence. That

(13) *Surgical interference* is frequently called for, and that

(14) *Bathing, i.e., scientific hydropathy*, ranks next in order to diet as a curative agent, and for the following reasons, viz.:—That the skin is a monster eliminator; that it is *the* organ that Nature has selected as a safety-valve to the internal membranes; that it is both contiguous to, and continuous with, them; nay, more, that it is most easily convertible into mucous membrane; that, as a matter of practical experience, we find that, to act upon the skin, signifies to relieve congestion of internal

organs ; and that baths take the following order of precedence :—

*As Eliminants—*

- (1) The Russian bath ;
- (2) The Turkish bath ;
- (3) The Hot-air bath ;
- (4) The ordinary Steam-bath ;
- (5) The Cabinet Turkish bath ; and
- (6) The Wet-sheet pack-bath.

*As Tonics—*

- (1) The cold Plunge-bath ;
- (2) The cold Shower-bath ;
- (3) The cold Soap-and-water bath ;
- (4) The Piecemeal cold sponge-bath.

That, in cases where reaction does not readily follow the use of cold water, tepid may be substituted therefor. That

*Rheumatism and Gout* are diseases induced by acid, generated in the stomach, and are *undoubtedly preventable*, nay—and except in the latter stages—*curable* also, by means of appropriate diet and baths.

That *Phthisis* is, frequently, susceptible not only of indefinite postponement, but also of cure, if the remedies be applied in the earlier stages of the disease, and laid on the lines above indicated : that even

*Cancer* itself can scarcely occur, provided that its first stage—that of congestion—be put a stop to by the same agency. And, finally, that the greater number of forms of *Insanity*\* are also dependent upon indigestion, and curable by the processes already referred to.

\* Whilst penning the first edition of this book I debated within myself, for a considerable time, the advisability of placing this paragraph in the hands of the printer. It is now (December, 1880) a source of comfort that I then had the courage to express my deliberate conviction. At the meeting of the British Medical Association which was held at Cork in August last, Dr. J. A. Eames, physician to the Cork Lunatic Asylum, stated that he found the free use of the Turkish Bath, a source of vast benefit to the patients confined in the institution.









NATIONAL LIBRARY OF MEDICINE



NLM 00138219 5